

LICENSEE APPLICATION



The information requested in this form will be used to evaluate your suitability to become a licensee of the Crimson Melt. All information will be secured in the strictest confidence. Submission of this form does not obligate either party in any way.

PERSONAL INFORMATION

Mr / Mrs / Miss _____

First Name _____

Surname _____

Date of Birth _____

Home Address _____

Do you own or rent? _____

Home Telephone _____

Mobile Telephone _____

Business Telephone (if different) _____

Email Address _____

How long have you lived at your current address?

If less than 2 years please state previous address

SS#: _____

Drivers license? _____

State of Issue _____

Marital Status _____

Spouse's Name _____

Number of children and ages if under 18 _____

Any other dependents? Please give details

Will your spouse / partner be active in the business?

If so, in what capacity? _____

EDUCATION

School _____

City / State _____

Last Year Completed _____

Qualifications Obtained _____

College / University / Other _____

City / State _____

Last Year Completed _____

Qualifications Obtained _____

EMPLOYMENT / BUSINESS EXPERIENCE

Please briefly list career experience for you and any active business partners below. Continue on a separate sheet if necessary.

Present Employer _____

Type of Business _____

Address _____

Position _____

Duration _____

No. of people you manage _____

Previous Employer _____

Type of Business _____

Address _____

Position _____

Duration _____

No. of people you managed _____

PERSONAL FINANCIAL STATEMENT

Your Assets

Cash in bank (liquid) _____
Value of home if owned _____
Value of other properties _____
Savings _____
Shares & Bonds _____
Vehicles _____
Existing business (sale value) _____
Money due to you _____
Other assets _____

Total Assets

Net Worth

(Total Assets less Total Liabilities)

How do you plan to finance this business? _____

Your Liabilities

Bills payable _____
Home Mortgage _____
Other Mortgage _____
Other obligations _____

Total Liabilities

Have you ever been declared bankruptcy? _____
If so, please give details _____

Please give details of any County Court Judgements

REFERENCES

References are required before your application will be processed. Please give full names and addresses.

Credit References

(e.g. Bank, Suppliers, Accountant)

1. _____

2. _____

Bank Details

Bank Name _____
Address _____

Telephone
Number _____

Personal References

(Someone who has known you for at least 2 years)

1. _____

2. _____

Attorney (if applicable)

Name of Firm _____
Contact Name _____
Address _____

Telephone
Number _____

Have you previously been approved for business funding? If so, please give details.

EXPECTATIONS

What are your three main goals for applying to become a Crimson Melt Licensee?

1. _____

2. _____

3. _____

Please describe any other skills, qualifications or interests that you have that are relevant to the business.

Have you ever owned or worked in a business similar to the Crimson Melt? If so, please give details.

What could make it difficult for you to run a business on your own?

Where would you like to open your new business?

1. _____

2. _____

3. _____

When are you available to start your new business venture? _____

How and where did you learn of the Crimson Melt? _____

What annual income do you expect to earn? Do you have an established financial model? _____

How many hours per week will you expect to spend in your business? _____

LICENSEE OWNERSHIP INFORMATION

Are you currently in any discussions to buy an other existing businesses? _____

Type of Ownership

Corporation / Sole Proprietor / Limited Liability Company / Other

Company Name (where applicable) _____

Name of proposed shareholders or partners and their estimated % of ownership

1. _____

2. _____

3. _____

4. _____

Would you prefer to buy an existing area or open a new one? _____

(Please be aware that when purchasing an existing store, substantial investment may be required to bring it up to standard.)

DECLARATION

Signature _____ **Date** _____

Print Name _____

I hereby confirm that the information I have given is to the best of my knowledge true and correct. I also give my consent to Crimson Melt to contact any person named in this form in connection with my interest as a Crimson Melt Licensee and to carry out reasonable checks on my finances and other matters.

Please note that this application form is regarded as confidential information and will be applied only in relation to the assessment of you as a potential business partner. We will be contacting you shortly with our response.

Please email completed form to:
thecrimsonmelt@gmail.com



www.crimsonmelt.com
2100 N. Eastern Ave
Suite 10
Moore, OK 73160
405-237-3566