

THE FRANCHISE APPLICATION

The information provided will be kept strictly confidential.

Name: _____ Date of Birth _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Own Rent How Long? _____

Citizen: Yes No If no, please explain? _____

Phone: Home _____ Business _____ Fax _____

Best time to call: _____ Best place to call: _____

Other/E-mail: _____

Marital Status: S M D W

If married, spouse's name & occupation _____

Number of children/dependents: _____

Education: High School Graduate College Master's Ph.D. Other

How did you learn about Coco Moka Café? _____

Current Business or Employment: _____

Most Recent Annual Income \$ _____

Have you ever owned your own business? Yes No If yes, what type? _____

Area preferred (City/State): 1st: _____ 2nd: _____ 3rd: _____

What attracts you to business ownership; and what are you looking for or expecting in owning your own business?

Please circle the six to ten attributes which best describe you:

Amiable	Controlling	Flexible	Independent	Outgoing	Strong willed
Bottom line	Diplomatic	Focused	Leader	Persuasive	Supportive
Compassionate	Direct	Growth oriented	Loyal	Reliable	Thinker
Competitive	Eccentric	Hard working	Money oriented	Results driven	Traditional
Conservative	Enthusiastic	Impatient	Open minded	Risk Taker	Understanding
Considerate	Enterprising	Intuitive	Opinionated	Spontaneous	Unique/Different

Would you be involved on a part-time or full-time basis? _____

How soon do you want to start your business? _____

FINANCIAL INFORMATION

(Please attach prepared financial statement, if available)

ASSETS

Cash in checking account \$ _____
 Cash in savings accounts \$ _____
 Stocks and bonds \$ _____
 IRA's, retirement plans, 401K's \$ _____
 Cash surrender of life insurance \$ _____
 Real estate, home \$ _____
 Real estate, other \$ _____
 Automobile(s) \$ _____
 Your own business \$ _____
 Appraised collectibles \$ _____
 Money due you \$ _____
 Other assets (describe): \$ _____
 \$ _____

LIABILITIES

Notes payable to banks \$ _____
 Notes payable to finance companies \$ _____
 Real estate indebtedness \$ _____
 Automobile(s) indebtedness \$ _____
 Owing on life insurance \$ _____
 Charge accounts \$ _____
 Credit cards \$ _____
 Taxes payable \$ _____
 Other liabilities (describe): \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL \$ _____

TOTAL \$ _____

NET WORTH (total assets minus total liabilities): \$ _____

LIQUID CAPITAL \$ _____

AMOUNT TO FINANCE \$ _____

TOTAL INVESTMENT \$ _____

Do you have a financial partner or any other personal source of investment capital? Yes o No o

If yes, please explain:

Do you have additional income sources? Yes o No o If yes, please explain: _____

Income Expectations: After 1 year (i.e., second year) \$ _____ After 2 year (i.e., third year) \$ _____

All the information stated herein is a true and correct representation of my personal and financial condition. It is understood that the purpose of this questionnaire is to compile general information and that it is in no way binding upon either the franchisor or the franchisee candidate. THIS IS NOT A CONTRACT.

(Signature)

(Date)