



Please complete the following questionnaire and feel free to include additional information that you consider important, on a separate page. As you will notice, unlike other franchiser applications you may have completed, we are not requesting financial details at this point. We are more interested in your experience and motives for seeking to become a Fun Cuts franchisee. At some point in time, as our discussions develop, we will need detailed financial information. Do not leave any question blank, if no, write in NO.

All information you provide will be considered
PERSONAL and CONFIDENTIAL

Please print a copy of this application and fax it to us at 901-758-0816 or send it by regular mail.

PERSONAL

LAST NAME _____ FIRST _____ MIDDLE _____
COMPANY NAME (If appropriate) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE (Daytime) _____ (Evening) _____ FAX _____
Email _____ DATE OF BIRTH _____

EMPLOYMENT HISTORY (If you have a resume, please include that with your application)

CURRENT EMPLOYER _____ POSITION _____
CITY _____ STATE _____
LENGTH OF EMPLOYMENT _____ IF LESS THAN 5 YEARS,
PRIOR EMPLOYER _____ POSITION _____
LENGTH OF EMPLOYMENT _____ IF SELF EMPLOYED, PROVIDE
COMPANY NAME _____ TITLE _____
CITY _____ STATE _____
TYPE OF BUSINESS (Eg: C Corp, LLC, Partnership, Sole Proprietorship) _____
NATURE OF BUSINESS _____

LEGAL HISTORY

ARE YOU PRESENTLY INCLUDED IN LAWSUITS OR LEGAL PROCEEDINGS AT PRESENT (Explain or state no)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR _____

BUSINESS HISTORY

HAVE YOU EVER OWNED A FRANCHISE, WERE YOU AN OWNER, WHAT IS THE PRESENT STATUS OF THAT BUSINESS . _____

ARE YOU AN OFFICER, PARTNER, SHAREHOLDER IN ANY FRANCHISE BUSINESS _____

WHAT EXPERIENCE DO YOU HAVE THAT WOULD BE OF BENEFIT AS A FUN CUTS FRANCHISEE? _____

