



## Franchise Application

**INSTRUCTIONS:** PLEASE PRINT CLEARLY. ANSWER ALL QUESTIONS THOROUGHLY AND READ ALL INFORMATION CAREFULLY IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. SPOUSE MUST COMPLETE A SEPARATE APPLICATION IF SPOUSE INTENDS TO BE PART OF THE FRANCHISE. EACH ANTICIPATED OWNER, PARTNER, AND SHAREHOLDER OF FRANCHISE MUST COMPLETE SEPARATE APPLICATIONS IF INVOLVED IN THE PURCHASE AND OPERATION OF THE FRANCHISE.

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF APPLICATION
SOCIAL SECURITY NUMBER	BIRTH DATE	DRIVER LICENSE NUMBER	STATE
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	
PREFERRED CONTACT METHOD <input type="checkbox"/> HOME PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> MAIL		BEST TIME TO CALL (GIVE TIME ZONE)	
CURRENT ADDRESS		HOW LONG AT THIS ADDRESS?	
PREVIOUS ADDRESS		HOW LONG AT PREVIOUS ADDRESS?	
SPOUSE'S FULL NAME	SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S OCCUPATION	
NAMES AND AGES OF DEPENDENT CHILDREN			

### APPLICANT EDUCATION

HIGH SCHOOL	CITY	STATE	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE / MILITARY SCHOOL	CITY	STATE	CONCENTRATION	DID YOU COMPLETE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	CITY	STATE	MAJOR / MINOR	DIPLOMA / DEGREE EARNED
	GRADE POINT AVERAGE		YEARS COMPLETED	DID YOU GRADUATE? IF YES, DATE <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE	CITY	STATE	MAJOR / MINOR	DIPLOMA / DEGREE EARNED
	GRADE POINT AVERAGE		YEARS COMPLETED	DID YOU GRADUATE? IF YES, DATE <input type="checkbox"/> YES <input type="checkbox"/> NO

# APPLICANT WORK HISTORY

CHECK THE BOX THAT BEST DESCRIBES YOU:

SELF-EMPLOYED

EMPLOYED

RETIRED

UNEMPLOYED

NAME AND ADDRESS OF EMPLOYER / BUSINESS OWNED / PARTNERSHIP		TYPE OF BUSINESS	DATES OF EMPLOYMENT / OWNERSHIP	
WERE YOU AN: <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PARTNER		% BUSINESS OWNED	STARTING SALARY	ENDING SALARY
POSITION AND DUTIES				
SUPERVISOR'S NAME		# OF EMPLOYEES SUPERVISED	WILL YOU BE LEAVING OR SELLING THIS BUSINESS TO OPERATE A GIGGLES FRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME AND ADDRESS OF EMPLOYER / BUSINESS OWNED / PARTNERSHIP		TYPE OF BUSINESS	DATES OF EMPLOYMENT / OWNERSHIP	
WERE YOU AN: <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PARTNER		% BUSINESS OWNED	STARTING SALARY	ENDING SALARY
POSITION AND DUTIES				
SUPERVISOR'S NAME		# OF EMPLOYEES SUPERVISED	WILL YOU BE LEAVING OR SELLING THIS BUSINESS TO OPERATE A GIGGLES FRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME AND ADDRESS OF EMPLOYER / BUSINESS OWNED / PARTNERSHIP		TYPE OF BUSINESS	DATES OF EMPLOYMENT / OWNERSHIP	
WERE YOU AN: <input type="checkbox"/> OWNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PARTNER		% BUSINESS OWNED	STARTING SALARY	ENDING SALARY
POSITION AND DUTIES				
SUPERVISOR'S NAME		# OF EMPLOYEES SUPERVISED	WILL YOU BE LEAVING OR SELLING THIS BUSINESS TO OPERATE A GIGGLES FRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## REFERENCES

PLEASE LIST THREE CHARACTER AND PROFESSIONAL REFERENCES. DO NOT INCLUDE FAMILY MEMBERS.

NAME	ADDRESS	PHONE NUMBER	E-MAIL	OCCUPATION
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NAME	ADDRESS	PHONE NUMBER	E-MAIL	OCCUPATION
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NAME	ADDRESS	PHONE NUMBER	E-MAIL	OCCUPATION
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# FINANCIAL INFORMATION

PLEASE USE U.S. DOLLAR AMOUNTS.

<u>ASSETS</u>		<u>LIABILITIES AND OWNER'S EQUITY</u>	
CASH ON HAND (SAVINGS, MONEY MARKET, CHECKING)	\$	LOANS	\$
STOCKS AND BONDS	\$	RESIDENTIAL MORTGAGE	\$
VALUE OF PRIMARY REAL ESTATE	\$	OTHER PROPERTY MORTGAGE	\$
VALUE OF SECONDARY REAL ESTATE	\$	ACCOUNTS DUE	\$
AUTOMOBILE VALUE	\$	OTHER DEBTS / OBLIGATIONS	\$
NET VALUE OF OWNERSHIP IN BUSINESS	\$	CREDIT CARD BALANCES PAYABLE	\$
OTHER ASSETS (SPECIFY)	\$	OTHER LIABILITIES	\$
		<b>TOTAL LIABILITES</b>	<b>\$</b>
		<b>NET WORTH</b> (TOTAL ASSETS - TOTAL LIABILITIES)	<b>\$</b>
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES AND OWNER'S EQUITY</b>	<b>\$</b>

<u>YEARLY INCOME:</u>	
SALARY	\$
BONUS	\$
DIVIDENDS	\$
INTEREST EARNED	\$
PROPERTY INCOME	\$
BUSINESS PROFITS	\$
OTHER INCOME (SPECIFY)	\$
<b>TOTAL YEARLY INCOME</b>	<b>\$</b>

TOTAL AMOUNT OF FREE CAPITAL AVAILABLE TO PURCHASE AND START UP A GIGGLES FRANCHISE	\$
HOW WILL YOU OBTAIN FURTHER START UP CAPITAL?	
<input type="checkbox"/> SPOUSE <input type="checkbox"/> LOAN <input type="checkbox"/> PROPERTY <input type="checkbox"/> OTHER (SPECIFY)	

# MISCELLANEOUS INFORMATION

PLEASE ANSWER ALL QUESTIONS THOROUGHLY.

HAVE YOU OR YOUR SPOUSE EVER FILED FOR BANKRUPTCY PROTECTION?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	

HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. INCLUDE DATE, LOCATION, AND CHARGE:	

HAVE YOU OR YOUR SPOUSE HAD ANY BUSINESS FAILURES?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:	

PLEASE DESCRIBE ANY RETAIL OR ADULT INDUSTRY EXPERIENCE:
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PLEASE DESCRIBE ANY MANAGEMENT EXPERIENCE:
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WHEN, WHERE, AND HOW DID YOU HEAR OF GIGGLES FRANCHISE OPPORTUNITIES?
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HAVE YOU APPLIED FOR A GIGGLES FRANCHISE PRIOR TO THIS APPLICATION?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU AUTHORIZED TO WORK IN THE U.S. OR A U.S. CITIZEN?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER BEEN AN EMPLOYEE OF GIGGLES OR A GIGGLES FRANCHISE?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE. INCLUDE DATES AND LOCATION.	

LIST, IN ORDER OF PREFERENCE, THE CITY (OR TERRITORY) AND STATE AT WHICH YOU ARE INTERESTED IN OBTAINING A GIGGLES FRANCHISE (S):
1.
2.
3.

I UNDERSTAND FINANCING NEEDED WILL BE MY RESPONSIBILITY TO OBTAIN.	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE ENOUGH INCOME TO MAINTAIN MY CURRENT LIFESTYLE WITHOUT EXHAUSTING FUNDS ALLOCATED FOR THE DEVELOPMENT OF THE FRANCHISE.	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU INTEND TO BE PART OF THE DAY-TO-DAY MANAGEMENT OF FRANCHISE OPERATIONS?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANY PARTNERS, CO-OWNERS, OR PERSONS YOU INTEND TO BE INVOLVED IN THE MANAGEMENT OF THE FRANCHISE. INCLUDE NAME, ADDRESS, PHONE NUMBER, AND THEIR ROLE:

DESCRIBE YOUR HOBBIES, INTERESTS, AND COMMUNITY INVOLVEMENTS:

HAVE YOU LOOKED INTO OTHER FRANCHISE OPPORTUNITIES?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE:	

EXPLAIN WHY YOU WOULD BE A BEST FIT FOR A GIGGLES FRANCHISE:

IS THERE ANY OTHER INFORMATION OR DOCUMENTATION THAT WE SHOULD KNOW?	APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPOUSE: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE OR ATTACH DOCUMENTS TO THIS APPLICATION:	

**TERMS AND CONDITIONS** - THIS APPLICATION WILL BE USED TO DETERMINE APPLICANT ELIGIBILITY FOR A GIGGLES FRANCHISE AND WILL BE HELD IN STRICTEST CONFIDENTIALITY. APPLICANT AND SPOUSE AGREE TO GIGGLES FRANCHISE CORPORATION OBTAINING A COMPLETE CREDIT REPORT USING THE INFORMATION VOLUNTARILY PROVIDED BY BOTH APPLICANT AND SPOUSE. COPIES OF SUCH CREDIT REPORTS WILL BE DEEMED AS ORIGINAL. ADDITIONAL CREDIT CHECKS MAY BE MADE. ALL CREDIT CHECKS WILL BE MADE IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT. APPLICANT AND SPOUSE CONSENT TO INVESTIGATIONS OF THEIR PERSONAL HISTORY AND CHARACTER AND RELEASE ANYONE IN CONNECTION WITH SUCH INVESTIGATION OF ANY LIABILITY WHATSOEVER IN CONNECTION WITH GIGGLES FRANCHISE CORPORATION'S ATTEMPT TO DETERMINE FRANCHISEE SUITABILITY. MATERIAL CHANGES, ESPECIALLY CHANGES RELATED TO FINANCIAL POSITION, IN WHAT IS PRESENTED IN THIS APPLICATION WILL BE SENT BY APPLICANT TO GIGGLES FRANCHISE CORPORATION PROMPTLY. FURTHER INFORMATION NEEDED BY GIGGLES FRANCHISE CORPORATION WILL BE SUBMITTED BY APPLICANT NO LATER THAN TEN (10) DAYS FROM REQUEST. FALSE OR OMITTED INFORMATION MAY BE CAUSE FOR REMOVAL FROM THE GIGGLES FRANCHISE SYSTEM IF YOU BECOME A FRANCHISEE. THIS APPLICATION DOES NOT CONSTITUTE A FRANCHISE GRANT AND IS NOT BINDING IN ANY WAY UPON GIGGLES FRANCHISE CORPORATION. THIS APPLICATION IS GOVERNED UNDER NEW YORK STATE LAW. GIGGLES FRANCHISE CORPORATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, DISABILITY, OR GENDER.

**NEW YORK** - THIS ADVERTISEMENT IS NOT AN OFFERING. AN OFFERING CAN ONLY BE MADE BY A PROSPECTUS FILED FIRST WITH THE DEPARTMENT OF LAW OF THE STATE OF NEW YORK. SUCH FILING DOES NOT CONSTITUTE APPROVAL BY THE DEPARTMENT OF LAW.

***PRINTED APPLICATIONS CAN BE RETURNED TO:***

GIGGLES FRANCHISE CORPORATION  
 22 BILL HORTON WAY  
 WAPPINGERS FALLS, NY 12590  
 (845) 632-3240  
 (845) 632-3241 (FAX)

I ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS VOLUNTARY, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ATTEST THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE.

APPLICANT:  I AGREE       I DISAGREE

PRINT NAME:	
SOCIAL SECURITY NUMBER:	
DATE OF APPLICATION:	

SPOUSE:  I AGREE       I DISAGREE

PRINT NAME:	
SOCIAL SECURITY NUMBER:	
DATE OF APPLICATION:	