

Application Date > ____ / ____ / ____

Contact

First Name >	Last Name >	Date of Birth >	/	/
Social Security Number >	Driver's Licesnse Number >			
Spouse's ¹ First Name >	Spouse's Last Name >	Date of Birth >	/	/
Social Security Number >	Driver's Licesnse Number >			
Home Street Name >	Years at Current Address >			
Home City >	Home State >	Home Zip >		
Home Phone >	Best Time to Call >	Office Phone >	Best Time to Call >	
Cell Phone >	Best Time to Call >	Fax Number (if available) >		
Home E-mail >	Work E-mail >	# of Dependents >		

Education

Self >	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate Degree
Spouse >	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate Degree

Employment and Business Information²*Self*

Company Name >	Company Supervisor >		
Company Address >	City >	State >	Zip >
Position / Title >	Start Date >	/	/
Compensation >	Company Ph# >		
Job Description + Duties (include # of people you surpervise) >			
May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No / May we contact you at your work number? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Spouse / Partner

Company Name >	Company Supervisor >		
Company Address >	City >	State >	Zip >
Position / Title >	Start Date >	/	/
Compensation >	Company Ph# >		
Job Description + Duties (include # of people you surpervise) >			
May we contact your current supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No / May we contact you at your work number? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Experience (Self)

From >	To >	Company >	Position >
From >	To >	Company >	Position >
From >	To >	Company >	Position >

¹ Spouse or partner information is interchangeable throughout application.

² Grooveground, LLC will not contact your current or previous employer without your consent.

NOTES: You may attach professionally prepared personal financial statements instead of the following **Financial Information** section.
Please submit tax returns for the previous three years.

Financial Information

<i>Assets</i>		<i>Liabilities</i>	
Cash / Savings	>	Owed Home Mortgage	>
Stocks / Bonds (Liquid)	>	Real Estate (other)	>
Home Market Value	>	Loan Payments	>
Other Real Estate Value	>	Credit Card Balances	>
Retirement Plan(s)	>	Notes to Bank	>
Personal Property	>	Other Unsecured Notes	>
US Government Securities	>	Loans Against Insurances	>
Loans Receivable	>	Accounts Payable	>
Notes Receivable	>	Interest Payables	>
Life Insurance	>	Taxes	>
Cash Surrender	>	Other Debt (describe)	>
Assets (other)	>		
Total Assets	>	Total Liabilities	>
Net Worth (Total Assets minus Total Liabilities)	>		

<i>Annual Income</i>		<i>Annual Expenditures</i>	
Salary ¹	>	Mortgage Payments	>
Spouse/Partner Salary ¹	>	Real Estate	>
Securities Income	>	Rent	>
Rental Income	>	Income Taxes	>
Other	>	Other	>
Comissions/Bonuses	>		
Total Annual Income	>	Total Annual Expenditures	>

¹ Exclude comissions or bonuses.

Citizenship Information

I am a citizen of >

I have permanent resident rights in >

My immagrations status (if applicable) is >

NOTE: Please attach any supporting documentation that supports your citizenship claims.

Ownership, Financing + Interested Parties

What percent of the franchise will you personally own? > %

How do you plan to finance this business? >

How much cash are you planning to contribute? > \$

Do you plan to have a financial partner? Yes No an operational partner? Yes No

Please list business partners with a financial stake below¹:

Name >	Net Worth >	% Ownership >	Proposed Cash Investment >
Name >	Net Worth >	% Ownership >	Proposed Cash Investment >
Name >	Net Worth >	% Ownership >	Proposed Cash Investment >

Will any party other than yourself or noted interested parties be entitled to receive, directly or indirectly, part of the profits from the Grooveground franchise? > Yes No

If yes, describe >

Will you or any partner be receiving income that is not related to a grooveground franchise once your franchise opens?

Yes No If yes, describe >

General Questions

How did you hear about Grooveground? >

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

Do you plan to operate a Grooveground full time? Yes No

Will your franchise be your primary source of income? Yes No

When would you like to open your first coffeehouse? > / /

What locations have you been considering? City(s) > State(s) >

Have you or any person listed herein ever been convicted of a felony (other than traffic violations)? Yes No

If yes, please explain >

Have you ever filed for bacnkruptcy? Yes No If yes, when and what chapter? >

Signatures

Everything stated in this application is true and I understand that the information provided will be relied upon by Grooveground, LLC in evaluating my capabilities in awarding a franchise license.

Signature > Date:

Spouse / Partners Signature > Date:

Fax or Mail to

FINAL NOTE: You may attach additional comments and/or notes to support your application.

Grooveground Development / 647 Haddon Ave. / 2nd Floor / Collingswood, NJ 081081 / Fax: [856] 854-2648.