

NiteLites Franchise Systems, Inc.
6107 Market Avenue, Franklin, OH 45005
Phone: 866-NITELITES Fax: 513-433-0242

FRANCHISE APPLICATION
(CONFIDENTIAL INFORMATION SHEET)

This is not a contract and does not obligate either party in any manner. All information will be held in complete confidence. Please complete all portions of the questionnaire in detail. Incomplete questionnaires will not be processed and will delay consideration of your application for a NiteLites Franchise.

Name _____ Date _____
Social Security # ____ - ____ - ____ Address _____
Home Tel. () _____ City _____ State ____ Zip _____
Bus. Tel.() _____ Mobile Tel. () _____ E-Mail _____
Best Place to call: Home Business: Mobile: Best time to call: _____

PERSONAL INFORMATION

Marital Status Married Single Divorced Widowed
Spouse's Name _____ Social Security # ____ - ____ - ____
Spouse's Occupation _____
Children (Names & Ages) _____
_____ Total Dependents _____
U.S. Citizen? ____ If not, what Country? _____ Green Card Permit # _____ Date Issued _____
Home: Own Rent How Long? ____ Last former residence: _____
What source prompted your inquiry? _____

PROFESSIONAL EXPERIENCE

Company _____ Address _____
Position _____ Employed from _____ To _____
Responsibilities _____
Company _____ Address _____
Position _____ Employed from _____ To _____
Responsibilities _____
Company _____ Address _____
Position _____ Employed from _____ To _____
Responsibilities _____
Company _____ Address _____
Position _____ Employed from _____ To _____
Responsibilities _____

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EDUCATION

Circle last year of school completed: Name City/ST Year Graduated Degree
High School 1 2 3 4 _____
College 1 2 3 4 _____
Post Graduate 1 2 3 4 _____
License(s) _____ State _____
Special Awards/Honors _____ State _____

GENERAL

Would running your NiteLites be your full-time job? Yes No
If not, please explain your other obligations: _____
Have you, or a business owned by you, ever declared bankruptcy, had a bankruptcy petition filed against you or been compromised with creditors? Yes No
If yes, please explain: _____
Are you or have you ever been a defendant in any suit or legal action? Yes No
If yes, please explain: _____
Have you ever been convicted of a crime or been the subject of a disciplinary proceeding? Yes No
If yes, please explain: _____
Have you ever had a professional license, business license, or permit approval held by you or any enterprise in which you had an interest, suspended, revoked, or withdrawn? Yes No
Have you or any entity owned by you ever been cited by any governmental agency for violating any laws, rules, or regulations relating to the business in which you or the entity were engaged? Yes No
If yes, please explain: _____

LOCATION PREFERENCES

Is there a particular location in which you are interested?
First Choice: City _____ State _____
Second Choice: City _____ State _____
Third Choice: City _____ State _____
Would you be willing to relocate? Yes No
How soon would you like to start your new business? Immediately 3-6 mo. 6-12 mo. 1 year +

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REFERENCES

PERSONAL (not including relatives or business associates)

1. Name _____ Tel. Number (____) _____
Address _____

2. Name _____ Tel. Number (____) _____
Address _____

BUSINESS

1. Name _____ Tel. Number (____) _____
Address _____

2. Name _____ Tel. Number (____) _____
Address _____

BANK

1. Name _____ Account No. _____
Address _____ Tel. Number (____) _____

2. Name _____ Account No. _____
Address _____ Tel. Number (____) _____

Will you have any partners in this endeavor? Spouse? Yes No Other? Yes No

If other than spouse, please list their name(s) below. Any person other than your spouse who will join you in this venture must complete a separate application.

1. Name and Address _____
Home Tel. (____) _____ Business Tel. (____) _____ SS# _____ - _____ - _____
Percent of Ownership _____% Will they be involved in the business full-time? Yes No

2. Name and Address _____
Home Tel. (____) _____ Business Tel. (____) _____ SS# _____ - _____ - _____
Percent of Ownership _____% Will they be involved in the business full-time? Yes No

How do you plan to finance your purchase of a NiteLites Franchise?

- Major funding through cash
- Financed through lender of my choosing. Source of Financing _____
- Other Please describe in detail. _____

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BUSINESS PLAN

PLEASE NOTE: A thorough business plan should be completed prior to your execution of the Franchise Agreement.

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of the ____ day of _____, 20____ .
 (Note: Please answer all questions using “No” or “None” where necessary.)

ASSETS		LIABILITIES	
Cash on hand and in banks		Notes payable to banks	
Gov't securities		- Secured	
Listed securities		- Unsecured	
Unlisted Securities		Notes payable to relatives and friends	
Accounts & Notes receivables		Notes payable to others	
- Good		Real Estate Mtg. Payable	
- Doubtful		Income tax & int. payable	
Real Estate Market Value		Other debts - itemize	
Cash surrender value, life ins.			
Automobiles			
Other Assets			
Total Assets		Total Liabilities	

NET WORTH

ANNUAL INCOME (LATEST YEAR)		CONTINGENT LIABILITIES	
Salary	\$	As Endorser: Co-maker or Guarantor	\$
Bonus and Commissions	\$	On Leases or Contract	\$
Dividends and Interest	\$	Legal Claims	\$
Real Estate Income (net-Sep. Sched.)	\$	Prov. For Federal Income Tax Claim	\$
Business or Partnership	\$	Other Special Debt	\$
Total	\$	Total	\$

The undersigned certifies that the information furnished in this NiteLites Franchise Systems, Inc. Application is true and correct, and may be verified by NiteLites Franchise Systems, Inc. prior to awarding a franchise. I hereby grant permission to NiteLites Franchise Systems, Inc. to contact the financial institutions and other references listed to verify any of the information contained herein.

I authorize NiteLites Franchise Systems, Inc. to procure my credit report. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living. Please be assured that all information disclosed will be held in the highest confidence.

Signature: _____ Date: _____

Signature: _____ Date: _____