



VAPE & SMOKE SHOP

## FRANCHISEE QUALIFICATION APPLICATION

Last Name		First Name		Middle Name		Application Date	
Date of Birth		Social Security Number		Marital Status		Name & Occupation of Spouse	
		Not Needed At This Stage. Leave Blank					
Contact Information		Home Phone		Cell Phone		Email	
Current Address		Street		City		State zip How Long	
Previous Address		Credit Score/Date Checked		If you have not checked your credit score in the last 6 months, you can obtain a free report online.			
Education	Name of School		Years		Grade or degree obtained		
Have you ever been convicted of a felony, misdemeanor or DUI?		If yes, please explain:					
Yes_____ No_____							
Are you a defendant in any lawsuit or legal action?		If yes, please explain:					
Yes_____ No_____							
Employment (We will not contact your employer without your permission)	Employed By		Position		Years employed		Phone

## Financial Information

Your annual income	Spouse's Annual Income	Other Income	Would this business be your sole source of Income?
Liquid Capital Available	Are you able to obtain financing for the remainder and if yes how?		
Ever owned your own business?	If yes, please explain		

## Applicant's Plans

Who is going to own the franchise?	Your desired territory (Please include county and zip)		
	Choice 1	Choice 2	Choice 3
If approved, when will you be ready to execute Franchise Agreement? (must provide date)	If approved, when will you be ready to open your store? (must provide date)		
Please explain your plans for this business			

## References

Name	Relationship to you	Phone

I certify that the information provided above is true and accurate,

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting this application does not obligate the applicant to purchase a franchise or for Vape & Smoke Shop to sell a franchise to the applicant.