



NHHS
FRANCHISE GROUP, LLC

FRANCHISE APPLICATION

2023-2024

NHHS FRANCHISE, LLC

 nhhsfranchise.com

 (915) 856-7243

Franchise Application

A complete background report is required and will be procured if your application is approved. In the event such an investigative consumer report is procured, upon your written request of this company, received within a reasonable period of time from the date of this application, you will be provided a complete and accurate disclosure of the nature and scope of the investigation requested.

Applicant: _____
Name in Full: (First) (Middle) (Last)

Spouse: _____
Name in Full: (First) (Middle) (Last)

Home Address: (Street) (City) (State) (County) (Zip Code)

Telephone Number Email Address Marital Status SSN

Personal Data (Applicant)

Are you a U.S. Citizen? ☐ Yes ☐ No
If not a U.S. Citizen, do you have permanent resident/green card status? ☐ Yes ☐ No
(Please be advised that we may request to see your green card or other documentation evidencing your immigration status.)
Have you ever lived outside of the United States (even if you are a U.S. Citizen)? ☐ Yes ☐ No
If Yes, addresses and corresponding dates:

Dates	Street Address	City	Country

Current Employment

Name and Address of Employer: _____

Position Description: _____ Bus. Telephone Number: _____

Annual Income: From business connection or practice \$ _____
From bonds and stocks \$ _____
From real estate \$ _____
Other Income - Please state source \$ _____

Franchise Application

Business Experience (Last two positions prior to above)

From	To	Name & Address	Position	Annual Income

Record of Education

Type	School	Course of Study	Did You Graduate?	Degree Received
High School	Name			
	City & State			
College	Name			
	City & State			
Other	Name			
	City & State			

Military Service Record

Did you serve in the U.S. Armed Forces?

☐ Yes ☐ No

If Yes, what branch? _____

Type of Discharge: _____

Real Estate Holdings (Including Home)

Address of Property	Title in Name of	Date Acquired	Cost	Market Value	Current Mortgage Balance
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Franchise Application

Financial Statement

Assets			Liabilities	
Cash (Checking Accounts)			Notes Payable to Banks- Unsecured	
Cash (Savings Accounts)			Notes Payable to Banks- Secured	
Real Estate-Residence (Current Value)			Accounts Payable	
Real Estate-Investment (Current Value)			Real Estate Mortgages Payable-Residence	
Stocks, Bonds, & Securities (Excluding 401k & IRA)			Real Estate Mortgages Payable-Investment	
401K			Brokers Margin Accounts	
IRA			Other Liabilities (Itemize)	
Total Assets			Total Liabilities	

Total Assets	
(Less) Total Liabilities	
= Net Worth	

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Franchise Zone Requested

Area:

(Identify Requested Zip Code)

Territory:

(Identify Requested Territory)

Region:

(Identify Requested Region)

Miscellaneous

Are there any unsatisfied Judgements or legal actions pendings against you?

☐ Yes ☐ No

Have you pledged, assigned, hypothecated or transferred title to any of the assests listed in the personal statement?

☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

☐ Yes ☐ No

Are any felony or misdemeanor charges pending against you?

☐ Yes ☐ No

Have you ever been bonded?

☐ Yes ☐ No

If bonded, which jobs?

Have you ever declared bankruptcy or made a general assignment?

☐ Yes ☐ No

Do you have any contingent liabilities as co-maker, guarantor, lessee, mortgagee, on contracts or for tax claims?

☐ Yes ☐ No

If you have answered "Yes" to any of the above questions, please explain:

I Understand that a deposit of 10% is required with this completed application. I Understand that this application is not a contract and does not create any obligations on the part of NHHSA Franchise, LLC. or myself. Employers named by me in this application will not be contacted by NHHSA Franchise, LLC until such time as a contract is executed between NHHSA Franchise, LLC. and me.

Applicant's Signature

Applicant Print Name

Date