



HOMETOWN KITCHEN CABINETS



FRANCHISING APPLICATION

Please send application to:

Email - franchise@hometownkitchencabinets.com

CONFIDENTIAL APPLICATION This form, when completed, is an essential part of evaluating your qualifications to be awarded a Hometown Kitchen Cabinets franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate Hometown Kitchen Cabinets or you in any way or manner. (To be completed by each proposed partner of the Franchise Group.)



Hometown Kitchen Cabinets Franchise Application

Franchise Application

Franchise Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Legal Entity Name: _____
Check One LLC Corporation Sole Proprietorship

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Email _____

Best Time to Call: _____ Name of Last School attended: _____

Education History: High School College Graduate Degree (if applicable): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Business Experience

Please give current or last position first, and provide the last 5 years of work/business history.

Company: _____ Position: _____
Employed From: _____ Employed To: _____ City: _____
Major Accomplishments: _____ State: _____

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Company: _____ Position: _____
Employed From: _____ Employed To: _____ City: _____
Major Accomplishments: _____ State: _____

Will you have partners in the business? Yes No | If Yes, please identify all partners: _____

Partner Name: _____ Address: _____ City/State: _____
Phone: _____ Active in Franchise? Yes No

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Phone: _____ Active in Franchise? Yes No

Partner Name: _____ Address: _____ City/State: _____
Phone: _____ Active in Franchise? Yes No

1. Have you ever owned or been a partner in a business? Yes No

If yes, explain what type:

2. Have you ever failed in business, filed bankruptcy, or compromised with creditors? Yes No

If Yes, please give details and include any remaining liabilities.

3. Are there, or have there ever been any lawsuits or judgements against you? Yes No If Yes, Please explain.

4. Have you ever been convicted of a crime? Yes No If Yes, Please explain.

5. Have you or any of your family members ever worked in the cabinet industry? Yes No If Yes, Please elaborate.

6. Please tell us why you are interested in franchising with us?

7. How did you hear about Hometown Kitchen Cabinets?

8. What are your goals and objectives for the next 5 years?

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9. Please list your market preferences for locations (City/State):

1.	2.	3.
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10. When will you be available to open the business?

Immediately Within 3 Months Within 6 Months Within 1 Year

11. When would you be available for training?

Immediately Within 3 Months Within 6 Months Within 1 Year

12. Do you plan to devote full-time to this business venture or hire an outside manager to run day-to day operations?

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13. Will your spouse be active in the franchise? Yes No Not Applicable

Financial Information

ASSETS

Bank Accounts	\$
Accounts/Notes Receivable	\$
Stocks	\$
401K	\$
IRA	\$
Real Estate	\$
Automobiles	\$
Business Assets	\$
Other Assets	\$
Please specify other assets:	
TOTAL ASSETS	\$

LIABILITIES

Mortgages Payable	\$
Accounts/Notes Payable	\$
Taxes Payable	\$
Other Liabilities	\$
Please specify other liabilities:	
TOTAL LIABILITIES	\$

NET WORTH

(Total Assets – Total Liabilities)

\$

ANNUAL INCOME

Salary	\$
Spouse Salary	\$
Bonus & Commission	\$
Dividend Income	\$
Real Estate Income	\$
Other	\$
TOTAL INCOME	\$

ANNUAL EXPENDITURES

Mortgage/Rent Expense	\$
Notes Payable	\$
Accounts Payable	\$
Income Taxes	\$
Insurance	\$
Other	\$
TOTAL EXPENSES	\$

ANNUAL NET CASH FLOW
(INCOME-EXPENSES)

\$

TOTAL LIQUID CAPITAL/CASH AVAILABLE	\$
TOTAL AMOUNT WILLING TO INVEST	\$

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
Application must be submitted with a legible copy of your Driver's License.*

Signature: _____ Date: _____