



FRANCHISE APPLICATION

(For informational purposes only)

Name	Home Phone	
Residence	Business Phone	Fax Number
City	E-mail Address	
State, Zip Code	Social Security Number	

PERSONAL INFORMATION

Date of Birth	Names & Ages of Children (who will be involved in the franchise)	Marital Status
Total Dependents		Spouse's Name
Have you ever been convicted of a felony? If so, please explain.		Has any judgement ever been entered against you? If yes, please explain.
Of which country are you a citizen?		
Will your spouse or children be involved in or own part of the franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		Will you use your spouse's or children's assets to qualify for credit to operate the franchise?

EDUCATION

Last Year of School Completed	Name of College and/or Postgraduate School	Degree(s)
-------------------------------	--	-----------

BUSINESS EXPERIENCE

Present Occupation	Position	Dates Employed
Company	Address	
Describe duties, number of employees supervised, and responsibilities		

Previous Business Experience (Give exact names, addresses and dates, and include last ten years, most recent first)

(Attach a separate sheet if necessary)

1	Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left	
Responsibilities				
2	Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left	
Responsibilities				
3	Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left	
Responsibilities				

Have you ever had a business failure? If so, please explain.

Have you ever declared personal bankruptcy? If so, please explain.

PERSONAL FINANCIAL INFORMATION

Attach or e-mail a current personal financial statement. Include your spouse's personal financial statement only if: (a) he/she will assist with franchise operations or have an ownership interest in it; or (b) his/her assets will be used to operate the franchise or will be necessary to qualify for credit.

PERSONAL REFERENCES (other than employers or relatives)				
Full Name	Phone	E-mail	Occupation	Years Known
Full Name	Phone	E-mail	Occupation	Years Known
Full Name	Phone	E-mail	Occupation	Years Known

OTHER
List any hobbies, community activities, special interests, or other pertinent information

IF YOU CURRENTLY OWN YOUR COMPANY			
Name of Entity	Ownership		
Address	City, State, Zip		
Type of Organization (i.e., corporation, partnership, etc.)	Date Organized		
Description of Current Operations (Attach or E-mail current financial statement and most recent year end statement.)			
Does your spouse own an interest in your company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Operating History (Past five years)			
YEAR	VOLUME	PROFIT	# EMPLOYEES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide names of bank(s) where accounts are carried or where credit is obtained:			
NAME	PHONE	CREDIT/ACCOUNT BALANCE	CONTACT NAME

Has this company ever been bankrupt? If yes, please explain.

Continued On Next Page

COMPANY REFERENCES

(other than employers or relatives)

COMPANY	ADDRESS	BUSINESS RELATIONSHIP	CONTACT & PHONE NUMBER

Anti-Terrorism Acknowledgement:

I/We (the persons signing below), personally and on behalf of any entity for which I/we are completing this Application, acknowledge that the President of the United States of America has issued Executive Order 13224 (the "**Executive Order**") prohibiting transactions with terrorists and terrorist organizations and that the government of the United States has adopted and may in the future adopt other anti-terrorism measures (the "**Anti-Terrorism Measures**"). World of Beer Franchising, Inc. ("**WOB**") therefore, requires certain certifications that the parties with whom it deals are not directly or indirectly involved in terrorism. I/We certify that neither it nor any of my/our employees, agents or representatives nor any other person or entity associated with us is: (a) a person or entity listed in the Annex to the Executive Order; (b) a person or entity otherwise determined pursuant to the Executive Order to have committed acts of terrorism or to pose a significant risk of committing acts of terrorism (such a person or entity and those persons and entities listed in the Annex to the Executive Order are referred to as "**Terrorists**"); or (c) a person or entity who assists, sponsors or who supports Terrorists or acts of terrorism ("**Sponsors of Terrorism**"); or (d) owned or controlled by Terrorists or Sponsors of Terrorism. Furthermore, I/we represent and warrant to WOB that neither I/we nor any of my/our employees, agents or representatives nor any other person or entity associated with us will, during the term of my/our relationship with WOB, become a person or entity described in clauses (a), (b), (c) or (d), above, or shall otherwise become a target of any Anti-Terrorism Measure.

Miscellaneous Acknowledgements:

I/We (the persons signing below) submit the foregoing information as my complete and true personal and financial condition as of the date shown below. I understand that my date of birth is being utilized to process World of Beer Franchising, Inc.'s ("**WOB's**") background check and to determine whether I/we are of legal age. WOB does not discriminate in the granting of franchises based on age, sex, race, creed, nationality or handicap of the applicant WOB is requesting information relating to the applicant's spouse, marital status, and children for purposes of determining whether the applicant's family members will be actively involved in or own the franchise, or if such family members' assets will be used to qualify for the franchise or related credit. If you believe you would otherwise qualify for the franchise without the assistance of your family members' involvement, credit or assets, let us know, and do not provide information relating to your spouse or children. WOB may withdraw its consideration of this application at any time. This application and WOB's consideration of it is not a grant of a franchise to you or anyone and is not, and will not be used to support any oral or written agreement between WOB and anyone to grant a franchise. It is for informational purposes only. WOB grants franchises only after providing a prospectus to the applicant and by entering into written franchise agreements executed by a duly authorized WOB officer or director. WOB is authorized to contact any appropriate third parties or credit agencies to perform a background check and verify the accuracy of the information submitted herein and to retain such information for its records. I/we understand that this application is not a binding contract or agreement and in no way obligates either WOB or the undersigned.

_____ Date

Signature (Applicant)

Signature (Spouse of Applicant)