



THE original COOKIE BOUQUET COMPANY

Cookies by Design, Inc.
1865 SUMMIT AVE., STE. 605
PLANO, TX 75074
972.398.9536 or 800.945.2665
FX: 972.398.9542

FRANCHISE APPLICATION

Primary Applicant Name (including maiden name)
Social Security # Date of Birth Driver License #
Marital Status

Spouse's Name (if applicable, including maiden name)
Spouse: Social Security # Date of Birth Driver License #

Home Phone # Work Phone #
Email Address: Cell/Mobile Phone #

Reason for applying: Operate/Manage franchise Investment purposes only
Other, please explain
Percent of time to be devoted to the franchise business by you Spouse

Residence: (Addresses to include the past seven years.)
Rent ( ) Own ( ) How Long?
Address
City State Zip Code

Previous Residence: Rent ( ) Own ( ) How Long?
Address
City State Zip Code

Previous Residence: Rent ( ) Own ( ) How Long?
Address
City State Zip Code

Primary Applicant's Business Experience: (Begin with present employer)
Current Employer Phone # ( )
Type of Business How Long
Position Salary Supervisor
Responsibilities

Previous Employer Phone # ( )
Type of Business Position
Responsibilities How Long

Previous Employer Phone # ( )
Type of Business Position
Responsibilities How Long

**Primary Applicant's Education:**

High school \_\_\_\_\_ Location \_\_\_\_\_ Graduate - Yes ( ) No ( )  
College \_\_\_\_\_ # of Years \_\_\_\_\_ Graduate - Yes ( ) No ( )  
Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

Briefly describe any work and/or educational experience which has involved marketing, merchandising or creative tasks \_\_\_\_\_  
\_\_\_\_\_

What skills and experience do you have which you believe would qualify you as a franchise family member? \_\_\_\_\_  
\_\_\_\_\_

**Spouse's Employer:**

Type of Business \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_

**Spouse's Education:**

High school \_\_\_\_\_ Location \_\_\_\_\_ Graduate - Yes ( ) No ( )  
College \_\_\_\_\_ # of Years \_\_\_\_\_ Graduate - Yes ( ) No ( )  
Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Personal:**

How do you propose to finance your Cookies by Design® franchise?  
Personal Funds \_\_\_\_\_% Bank Loan \_\_\_\_\_% SBA Loan \_\_\_\_\_% Personal Investors \_\_\_\_\_%  
Other, please explain \_\_\_\_\_  
Have you ever been a principal in a Bankruptcy adjudication? Yes ( ) No ( )  
If Yes, please state details. \_\_\_\_\_

Have you ever been convicted of an offense other than a minor traffic violation? Yes ( ) No ( )  
If Yes, please state details \_\_\_\_\_

**Personal References:** (Do not include relatives or present/former employers)

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_

Location Preferences: (City, State)

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Authorization and Release:

I certify that all my statements and representations made in my Franchise Application are true and correct, and I have withheld no relevant information which would, if disclosed, adversely affect my Franchise Application. I understand that Cookies by Design, Inc. relies upon such statements and representations in making its business decision concerning me. I authorize Cookies by Design, Inc. to undertake, or cause to be undertaken, an investigation(s) to cover, without limitation, one or more of the following items:

1. The obtaining of information concerning my educational background from any institution or other source;
2. The obtaining of information concerning my employment history (including United States military service, if applicable), from any prior employer or other source;
3. The obtaining of information concerning me, if any, which may be obtained from public records;
4. The obtaining of a credit report concerning me;
5. The obtaining of a consumer investigative report. In this regard, I acknowledge the following disclosure was made to me by Cookies by Design, Inc. in accordance with the Fair Credit Reporting Act, Public Law 91-508;

Cookies by Design, Inc. may request an investigation which would provide information concerning your character, general reputation, personal characteristics and mode of living, and that if one is made additional information as to the nature and scope of the report will be furnished to you upon your request.

I authorize all persons, institutions, prior employers, organizations and companies to furnish any and all pertinent information known to them about me, and all such parties can rely on the photocopy of this Franchise Application as if it were an original. I further authorize Cookies by Design, Inc. to furnish information contained on my Franchise Application to any third party to aid Cookies by Design, Inc. in making its business decision concerning me.

I hereby release from liability all persons, institutions, prior employers, organizations, references, and companies, who furnish pertinent information concerning me. I also release from liability Cookies by Design, Inc., its employees or agents, in obtaining such information deemed appropriate to evaluate my Franchise Application and make a business decision based on that information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_