



# DRY CLEANERS

## REQUEST FOR CONSIDERATION

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### Personal Information

Mr. /Mrs. /Ms. \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Other \_\_\_\_\_

Social Security No. \_\_\_\_\_

DOB \_\_\_\_\_

Drivers License \_\_\_\_\_

State \_\_\_\_\_

Citizenship \_\_\_\_\_

Country ID (if other than U.S.)

Country of Birth \_\_\_\_\_

\_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Education High School \_\_\_\_\_

University \_\_\_\_\_ Other \_\_\_\_\_

What, specifically, drove you to contact Tide Dry Cleaners at this time (e.g., advertisement, PR, independent research, website - please be as specific as possible)?

\_\_\_\_\_

### **Location Preference(s):**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

### **Management:**

If approved, do you intend to manage the store or hire a qualified manager?

\_\_\_\_\_

**Work and Professional Background Information**

**Present Position**

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

How many employees do you manage? \_\_\_\_\_

Describe duties & responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Previous Position**

Company \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

How many employees did you manage? \_\_\_\_\_

Describe duties & responsibilities: \_\_\_\_\_

\_\_\_\_\_

Have you ever owned a dry cleaning business?  Yes  No

If yes, are you still involved with the business?  Yes  No

Why or Why not? \_\_\_\_\_

Do you have dry cleaning or retail management experience?  Yes  No

If yes, please describe: \_\_\_\_\_

**Other Parties to be Involved in this Business**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Will each partner devote full time to this business?  Yes  No

Please detail ownership percentages: Owner \_\_\_\_\_ Ownership \_\_\_\_\_ %

Owner \_\_\_\_\_ Ownership \_\_\_\_\_ %

Owner \_\_\_\_\_ Ownership \_\_\_\_\_ %

Owner \_\_\_\_\_ Ownership \_\_\_\_\_ %

**Personal Financial Statement**

The following statement includes my best available estimates of all of my assets and liabilities as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Assets

Liabilities and Net Worth

Cash on Hand and in Banks	\$	Mortgage(s)	\$
Stocks and Bonds	\$	Loans/Notes Payable to Banks	\$
Accounts and Loans Receivable	\$	Loans/Notes Payable to Relatives or Others	\$
Real Estate	\$	Rent(s) Payable	\$
Life Insurance, Cash Surrender Value	\$	Loans on Life Insurance	\$
Personal Property	\$	Credit Card Debt	\$
Automobiles	\$	Unpaid Taxes	\$
Business Ownership	\$	Broker Margin Account(s)	\$
Other Assets, Property or Investments	\$	Other Indebtedness	\$
401(k) or Other Retirement Plan(s)	\$		\$
	\$		\$
	\$		\$
	\$	Total Liabilities	\$
	\$	Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

**Copies of your most recent year's filed tax returns are required with your completed personal financial statement.**

**Itemize Real Estate Owned**

(Attach supplemental sheets if inadequate space available here)

<u>Type of Property</u>	<u>Location</u>	<u>Original Cost</u>	<u>Market Value</u>	<u>Mortgages or liens</u>	<u>Monthly Payment</u>

**Contingent Liabilities**

**Unpaid Taxes**

<b>Guarantor Obligations</b>	<b>\$</b>	<b>Description</b>	<b>Year</b>	<b>Amount</b>
Legal Claims	\$			\$
Endorser or Co-Maker Obligations	\$			\$
Leases or Contracts	\$			\$
Liens or Special Debt	\$			\$
Provisions for Federal or Other Taxes	\$			\$
Other Liabilities (alimony, child support, maintenance, etc.)(Itemize)	\$			\$
<b>Total</b>	<b>\$</b>			<b>\$</b>

**Present Source(s) of Regular Income**

**Source**

**Amount**

	Salary	
	Bonus/Commission	
	Dividends	
	Real Estate Income	
	Other Income	
	<b>Total</b>	

Will your franchise investment come from your own cash/liquid assets?

Available cash/liquid assets available to invest in this franchise \$ \_\_\_\_\_

**[Please continue to next page]**

**Tide Dry Cleaners**  
**Notice, Consent and Release Regarding Consumer Report**

In connection with my application for a Tide Dry Cleaners franchise from Agile Pursuits Franchising, Inc. (the "Franchisor"), I understand that Franchisor may obtain information about me from consumer reporting agencies to evaluate my eligibility and capability to own and operate a Tide Dry Cleaners outlet. I understand that this may include evaluating my creditworthiness, credit standing and capacity, character and general reputation. I understand that I will be the subject of a "consumer report" which may include, but not be limited to, a credit report, a criminal background check and a homeland security report. I acknowledge that this information is not being obtained for employment purposes.

I understand that Franchisor will inform me if information contained in a consumer report is used in whole or in part in making an adverse decision about my application.

I hereby authorize Franchisor to obtain, review and use consumer reports at any time after receipt of this consent to the extent permitted by the federal Fair Credit Reporting Act and/or any other applicable federal, state or local law. To this end, I hereby authorize any person, organization, company, corporation, law enforcement agency, administrator, federal, state, or local agency, court of law, information service bureau, current or former employer, licensing agency, school, or insurance company to furnish any and all background information requested by any consumer reporting agency which is obtaining information on behalf of Franchisor.

If my application is approved and I become a franchisee, I agree that this authorization shall remain on file and serve as ongoing authorization for Franchisor to obtain consumer reports on me at any time during the term of my franchise agreement.

I hereby release Franchisor, its affiliates, and their respective directors, officers, and employees, and consumer reporting agencies from any and all expense, damage and liability arising out of the investigation of me or the disclosure of information about me.

I agree that a signed facsimile or electronic copy of this Notice, Consent and Release Regarding Consumer Report shall bind me to the same extent as the original.

Applicant's Name \_\_\_\_\_  
(please print)      First                      Middle (full name)                      Last                      Maiden

Applicant's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant's Signature & Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Print All Former Names Used:

(1) \_\_\_\_\_

(2) \_\_\_\_\_