

# mellow MUSHROOM

FRANCHISE APPLICATION



In your life, there are some important documents you'll fill out. Your college application. A marriage license. Your first home purchase. And this- the entrance exam into the unique fraternity of Mellow Mushroom ownership. You get to know us, we get to know you, and we take it from there. Thanks in advance for taking the time to complete this.

Along with this completed application, please provide:

- a legible copy of your driver's license
- Copies of your last two year's income tax returns
- Copy of bank statements reflecting assets of \$300,000 (cash or cash equivalent)

## **PERSONAL INFORMATION** *a little bit about you*

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

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Own? \_\_\_ Rent? \_\_\_ How long at this address? \_\_\_\_\_

Social Security # \_\_\_\_\_ # of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Spouse's name \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

## **BUSINESS EXPERIENCE** *what you've done and where you did it*

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

If you have other business experience that you believe might be relevant or helpful, feel free to attach a separate sheet.

.....  
**EDUCATION** *what you've learned*  
.....

Years completed      College 1 2 3 4      Grad School 1 2 3 4

School/University attended \_\_\_\_\_ Degree \_\_\_\_\_

Other Education/Training \_\_\_\_\_

Were you in the military? \_\_\_\_\_ Branch of service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

.....  
**GENERAL INFORMATION** *digging a little deeper*  
.....

How did you hear about Mellow Mushroom? \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your family been affiliated with or employed by a Mellow Mushroom franchise? \_\_\_\_\_ if so, please elaborate \_\_\_\_\_

Do you own or have you ever owned a franchise? \_\_\_\_\_ A pizza business? \_\_\_\_\_

If so, please elaborate \_\_\_\_\_

Do you see yourself primarily as an owner or as an operator of your Mellow Mushroom Franchise?

\_\_\_\_\_ Will you have any partners in this business? \_\_\_\_\_

*[NOTE: Any participant contributing more than \$10,000 in the start up costs must be identified and fill out a separate Franchise Application and send in the necessary attachments]*

What percentage of the overall start up costs do you anticipate putting in? \_\_\_\_\_

Do you plan on purchasing the real estate? \_\_\_\_\_

Are you going to be on staff at your Mellow Mushroom? \_\_\_\_\_ How many hours a week? \_\_\_\_\_

How long before you're ready to get started? \_\_\_\_\_

Where would you like your store? (please list four areas, by preference. Be as specific as possible)

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

3.) \_\_\_\_\_ 4.) \_\_\_\_\_

—

Anything else you think we should know about you that might help us understand you better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION** *by the numbers*

**ASSETS**

Cash \$ \_\_\_\_\_  
Accounts receivable \$ \_\_\_\_\_  
Insurance surrender value \$ \_\_\_\_\_  
Stocks & Bonds \$ \_\_\_\_\_  
401K, Pension \$ \_\_\_\_\_  
Home Equity \$ \_\_\_\_\_  
Other real estate \$ \_\_\_\_\_  
Other real estate \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Vehicle \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_  
  
TOTAL \$ \_\_\_\_\_

**LIABILITIES**

Notes payable to banks \$ \_\_\_\_\_  
Notes payable to others \$ \_\_\_\_\_  
Loans against Insurance \$ \_\_\_\_\_  
Accounts payable \$ \_\_\_\_\_  
Interest payable \$ \_\_\_\_\_  
Home mortgage \$ \_\_\_\_\_  
Other mortgage \$ \_\_\_\_\_  
Other mortgage \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Vehicle Loan \$ \_\_\_\_\_  
Other liabilities \$ \_\_\_\_\_  
  
TOTAL \$ \_\_\_\_\_

**NET WORTH** *total assets minus total liabilities* : \$ \_\_\_\_\_

**FINANCIAL REFERENCES** *banks, creditors and the like*

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ Other Account # \_\_\_\_\_

Major Creditor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

Major Creditor: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_

.....  
**CONSENT & RELEASE** *about your information*  
.....

I authorize Home-Grown Industries of Georgia, Inc. to access my personal information and/or make inquiries as necessary to determine my viability as a potential Mellow Mushroom Franchisee.

Name \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for filling this application out. We look forward to getting to know you.



Signed: \_\_\_\_\_

Richard Brasch

Chief Executive Officer

Home-Grown Industries, Inc.

# APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

## APPLICANT INFORMATION (Please Print)

## Account Number:

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

### NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

#### NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

### APPLICANT:

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_



**Fax to (770) 984-8997**