

Franchise Application



For Corporate Office Use Only

Franchise Candidate: _____ Date: _____

Marketing Area: _____

Status: Approved Unapproved Review Pending Date: _____

Comments: _____

Personal and Business Information

Name: _____ Soc. Sec. # _____

Address: _____ Driver's Lic. # _____

City: _____ State: _____ Zip: _____

U.S. Citizen: Yes ___ No ___ DOB: _____ Marital Status: _____

Best Phone: _____ Business Phone: _____ Email: _____

Education: _____ Military Veteran? Yes ___ No ___ Years of Service: _____

Spouse's Name _____ Spouse's Occupation: _____

Children's Names & Ages: _____

Current Business or Employer: _____

Address: _____

Position/Title: _____

What are your primary responsibilities: _____

Prior Business or Employer: _____

Address: _____

Position: _____ Employment Dates: _____

What were your primary responsibilities in your prior job? _____

Why are you looking for in a new business opportunity? _____

Adding a “bolt-on” *Crowning Touch* franchise to an existing moving company, or “rebranding” an existing one, may be an ideal situation for many franchisees. Is this your intention? Yes _____ No _____

If yes, please briefly describe the existing moving company and how you would apply the franchise to current operations: _____

Do you have experience in? (mark those that apply): Moving industry _____ Storage industry _____

Auction sales _____ Consignment sales _____ Retail sales _____ Real estate sales _____

Please explain your background in the areas marked: _____

In what metropolitan and/or geographical area(s) would you like to establish this business?

First Choice: _____

Second Choice: _____

Third Choice: _____

Start-Up

Franchisees must complete several weeks of Start-Up Training (which can be divided into segments) at company headquarters in Roanoke, Virginia, and *be ready to open their business within 8 months of the signing of the franchise agreement.* (This training is free for the franchisee and one additional employee; however, the franchisee is responsible for all travel and living expenses incurred during the training period.)

With this understanding, what is a projected start date for your business: _____

Comment: _____

Note

Crowning Touch Senior Moving Services® franchisees must agree to, and uphold, specific requirements regarding their ownership and management of the business under the terms and conditions of the Franchise Agreement. For example, there is an expectation that franchisees will be actively involved in the day-to-day supervision and operation of the business, and/or that they will have a full-time Operating Manager with an equity stake in the business. In this regard, your answers to the following questions are very important to our evaluation of your application.

What interests you, specifically, in owning a *Crowning Touch* franchise? _____

Will you be the full-time, day-to-day manager; or, if not, will you have a full-time Operations Manager?

Please explain: _____

If you will not be a full-time manager, a great deal of supervisory time will still be necessary on your part as franchisee. How many hours per week are you willing and able to devote to getting the business started, at least for the first two to three years? _____

Are you willing and able to work on weekends? Yes: _____ No: _____

How much vacation time do you normally expect/require each year? _____

Do you intend to employ any family or friends in the business? Yes ____ No ____.

If yes, what are their relationships to you? _____

Do you or family members have any significant health issues that require your time and attention, and which may weigh on your ability to effectively own and manage this franchise? Yes _____ No: _____

If yes, please explain: _____

How much salary will you need to pay yourself annually from the business (at least for the first two to three years while profit improves) to make it financially feasible and successful from a personal income standpoint? \$ _____ Comment: _____

In the event that the business does not generate enough profit to cover your personal living expenses during the start-up period, what will be your source of supplemental income to meet those expenses?

A *Crowning Touch* franchise requires a substantial amount of “up front” capital to own or rent auction and consignment spaces, moving trucks, office equipment, payroll, etc. How do you intend to finance those costs? (e.g. Do you have surplus cash?, will you have a financial partner?, do you plan on a business loan?)

How are your communication and sales skills? _____

Will you be actively involved in marketing the business? _____

What are your goals in terms of growth for this new business opportunity over 3-5 years? _____

In terms of owning/managing this business, what are your greatest personal and business strengths?

Are there any personal or business weaknesses that might require special help or attention from us?

What are several top achievements in your personal life and business career? _____

On a scale of 1-5, please rate yourself in the following personality characteristics:

Independent	1 2 3 4 5	Problem solver	1 2 3 4 5	People oriented	1 2 3 4 5	Achiever	1 2 3 4 5
Motivated	1 2 3 4 5	Self-confident	1 2 3 4 5	Communicator	1 2 3 4 5	Detailed	1 2 3 4 5
Analytical	1 2 3 4 5	Social	1 2 3 4 5	Determined	1 2 3 4 5	Self-starter	1 2 3 4 5
Technical	1 2 3 4 5	Money oriented	1 2 3 4 5	Patient	1 2 3 4 5	Intellectual	1 2 3 4 5
Creative	1 2 3 4 5	Decision maker	1 2 3 4 5	Crisis Mgr.	1 2 3 4 5	Leader	1 2 3 4 5

Have you, or any firm in which you were an owner, declared bankruptcy during the past 10 years?

Yes _____ No _____

If yes, please explain: _____

Have you been, or are you, a defendant in any suits or legal action? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

<u>Credit References</u>	<u>Company & Contact Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Business References

1.	_____
2.	_____
3.	_____

Personal References (Not employees or relatives—please give name, relationship & phone number)

1.	_____
2.	_____
3.	_____

I hereby confirm and testify that the information contained in this *Crowning Touch* franchise application is a true and correct representation of my personal and financial condition. I also authorize investigation of all statements contained in this application.

Signature: _____ Date: _____

Note: See following instructions page for more information.

Instructions

1. The franchise application form is posted on our website www.CrowningTouchUSA.com at the “Franchises” page. Complete it, sign it, and return it by postal mail, a scanned PDF file as an email attachment, or FAX to:

Linda Balentine, President
Crowning Touch Senior Moving Services, Inc.
6712 Williamson Road
Roanoke, VA 24019

FAX: (540) 982-3903

Email: Linda@CrowningTouchUSA.com

Phone: (540) 556-5800

2. **Financial Statement.** A personal financial statement is required as a part of your application. A downloadable financial statement form is also posted on the website under “Franchises.” Please use only that form, enter the most current financial information available, sign it, and send it to Linda Balentine by one of the methods listed above.
3. **Background check authorization.** On the website under “Franchises” there is also a downloadable form that authorizes us to arrange a background check, required for all franchise applicants. Please complete that form, sign it, and return it to Linda Balentine by one of the methods listed above.

Your application review cannot be completed until we have all three of the above documents. Thank you very much for your cooperation by promptly providing them, and thank you for your interest in a *Crowning Touch* franchise.