

# Application for Additional Live'ly® Franchise Information

In addition to requesting additional information, this application is used for purchasing a new franchise, an additional franchise, or the purchase and transfer of an existing store. The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise or location. Complete in full and do not use abbreviations. Please print clearly or type.

Note: Fields denoted with a \* are mandatory.

## Your Personal Information

Where did you hear about the Live'ly® franchise ?

\*  \*

\* First Name  \* Last Name  Middle Initial

\* Citizen of  Permanent Resident of

\* Date of Birth

\* Gender  Male  Female

\* Has a judgment been filed against you or have you been involved in any litigation proceeding within the last 5 years?

Yes  No

(If yes, on a separate sheet of paper provide the following for each proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)

Telephone (Home)  (Fax)  (Mobile)   
(area code/country & city code) (area code/country & city code) (area code/country & city code)

\* Street Address /P.O Box

Additional Address

\* City

\* Country

\* State/Province

Email Address

## Educational Background

\* Highest Education Achieved

Schools Attended  
\*

Years  
\*

Grade or Degree Attained  
\*

**Business Information (Complete All Questions)**

\*  Self Employed  Employed By

\* No. Years  \* Nature of Business

Title

Describe Position

\* Street Address/P.O. Box

Additional Address

City

\*  \* Country  \* State/Province

\* Telephone (Bus.)   
(area code/country & city code)

Telephone (Alt.)   
(area code/country & city code)

Select Your Business Experience Level  (please replace this selection with the following: Food & Beverage Retail management, Food & Beverage Production management, Dietician, other )

\* If other please mention in details: \_\_\_\_\_

**References (Excluding Relatives)**

<p><b>Name</b></p> <p>*</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>Address</b></p> <p>*</p> <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>Telephone</b> (area code/country &amp; city code)</p> <p>*</p> <input type="text"/> <input type="text"/> <input type="text"/>
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**Partners (All partners should fill out a separate Application)**

\* Will you have partner(s) ?  Yes  No If not, you may skip this section. Otherwise please complete all relevant sections below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	Middle Initial		% Ownership	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	Middle Initial			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	Middle Initial			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Active <input type="radio"/> Silent	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
First Name	Last Name	Middle Initial			

## Operations

\* If qualified, when will you invest in a franchise ?

\* How involved will you be in operating the company ?

**In what country/ city would you like to open Live'ly?:**  
be filled

please replace selection with a line to

## Disclaimer

I understand that the granting of a franchise is at the sole discretion of Live'ly Limited.

I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor or its affiliate is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor.

**Signatures**

\*  I have read the above disclaimer.

Type name to indicate consent. Signature required at time of sale.

\* Applicant's Typed Name

Date: