

Franchise Joint Ownership Application

Please complete this application form to apply for joint ownership of a franchise territory. Print clearly in block letters.

Section 1: Proposed Franchise Details

Proposed Franchise Brand:

Desired Territory/Location:

Proposed Ownership Split (e.g., 50/50, 60/40):

Section 2: Primary Applicant Information

Full Legal Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Current Occupation:

Net Worth (USD):

Liquid Capital Available (USD):

Section 3: Co-Applicant Information

Full Legal Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Current Occupation:

Net Worth (USD):

Liquid Capital Available (USD):

Section 4: Joint Business Experience & Strategy

Describe your professional relationship and history of working together:

Who will be the primary active manager responsible for day-to-day operations?

Describe the source of investment funds for this franchise venture:

Section 5: Declarations and Signatures

By signing below, the applicants certify that all information provided in this application is true, correct, and complete to the best of their knowledge.

Primary Applicant Signature (Sign inside box):

Date (MM/DD/YYYY):

Co-Applicant Signature (Sign inside box):

Date (MM/DD/YYYY):