



INITIAL FRANCHISE APPLICATION

CONTACT INFORMATION:

FULL NAME: _____ SPOUSES NAME: _____

ADDRESS: _____ HOW LONG HAVE YOU LIVED THERE? _____

RENT OR OWN? _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

EMPLOYMENT AND BUSINESS DATA: (EMPLOYER WILL NOT BE CONTACTED BY MOUNTAIN MUDD LLC OR BEVERAGE FRANCHISE LLC)

SELF:

CURRENT EMPLOYER: _____

POSITION/TITLE: _____

COMPENSATION: _____

DATE EMPLOYMENT BEGAN: _____

DESCRIPTION OF DUTIES: _____

SPOUSE:

PREVIOUS EMPLOYMENT/BUSINESS EXPERIENCE:

| FROM | TO | COMPANY | POSITION |
|-------|-------|---------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

FINANCIAL DATA:

ASSETS

CASH/SAVINGS: \$ _____
STOCKS/BONDS: \$ _____
(NON RETIREMENT)
HOME MARKET VALUE: \$ _____
OTHER REAL ESTATE: \$ _____
(MARKET VALUE)
RETIREMENT PLANS: \$ _____
PERSONAL PROPERTY: \$ _____
OTHER: \$ _____
TOTAL ASSETS: \$ _____

LIABILITIES

HOME MORTGAGE: \$ _____
OTHER REAL ESTATE: \$ _____
INSTALLMENT LOANS: \$ _____
CREDIT CARD BALANCES: \$ _____
OTHER DEBTS: \$ _____
TOTAL LIABILITIES: \$ _____

NET WORTH: \$ _____
(ASSETS MINUS LIABILITIES)

MISCELLANEOUS:

HOW DID YOU HEAR ABOUT US? _____
DO YOU CURRENTLY OR HAVE YOU EVER OWNED YOUR OWN BUSINESS? _____
DO YOU PLAN TO RUN THIS BUSINESS FULL TIME? _____
HOW DO YOU PLAN TO FINANCE THIS BUSINESS? _____
ARE THERE OTHER DRIVE-THRU KIOSKS IN YOUR TOWN? _____
WHEN WOULD YOU LIKE TO OPEN? _____
PREFERRED LOCATIONS?(CITY/STATE) _____

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS TRUE AND I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE EVALUATED BY BEVERAGE FRANCHISE LLC TO DETERMINE MY CAPABILITIES REGARDING THE AWARDING OF A FRANCHISE.

SIGNATURE: _____

DATE: _____

SPOUSE'S SIGNATURE: _____

DATE: _____

PLEASE FAX THIS FORM TO 406.256.6070

OR

MAIL TO: BEVERAGE FRANCHISE LLC

2120 3RD AVENUE NORTH

BILLINGS, MT 59101

ATTN: FRANCHISE PROJECT COORDINATOR