



## REQUEST FOR CONSIDERATION

### 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 AWARDED OF A FRANCHISE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE FAX THIS FORM TO 406.256.6070  
OR  
MAIL TO: BEVERAGE FRANCHISE LLC  
2120 3<sup>RD</sup> AVENUE NORTH  
BILLINGS, MT 59101