



# Franchise Application

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.**

DA Name	_____
DA #	_____
Sales Manager	_____
Disclosed Date	_____

OFFICE USE ONLY

## YOUR PERSONAL INFORMATION

Date \_\_\_\_\_ Where did you hear about the Aroma Joe's Coffee franchise? \_\_\_\_\_

Name \_\_\_\_\_ Citizen of \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID/Social Security Number\* \_\_\_\_\_ Gender  Male  Female

Other names you are known by \_\_\_\_\_ Are you of legal age?  Yes  No

Have you ever been convicted of a felony or its equivalent?

Yes  No

Have you ever been associated directly or indirectly with terrorist activities?

Yes  No

Has a judgement/lien/bankruptcy been filed against you or have you been involved in any litigation proceeding in the past 5 years? (If yes, you will need to provide the following for each judgement/lien/bankruptcy proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)

Yes  No

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ \*\*Business Email Address \_\_\_\_\_

If you qualify as a franchisee prospect, we will furnish you with our franchise disclosure document in paper form. Unless you request an electronic copy be sent to you, we will provide the paper form of our franchise disclosure document in person if you visit our offices, or we will mail the document to you at our cost.

By checking this box you affirm that you have elected to receive the franchise disclosure document at your personal email address of: \_\_\_\_\_ We will provide the electronic form of our franchise disclosure document to you in PDF format, sent by email to the address you provide to us. You will need to have Adobe Reader software installed on your computer to open and view the PDF document and a printer to print at least one Receipt page.

## SPOUSE PERSONAL INFORMATION (Use a Separate Application for Partners)

Spouse's Name \_\_\_\_\_ Citizen of \_\_\_\_\_ Permanent Resident of \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tax ID/Social Security Number\* \_\_\_\_\_ Gender  Male  Female

Other names known by \_\_\_\_\_ Are you of legal age?  Yes  No

## EDUCATIONAL BACKGROUND

What is the highest level of education you have received? \_\_\_\_\_

Did you receive a degree from a college or university? Yes  No  Type of degree received? \_\_\_\_\_

## BUSINESS INFORMATION (Complete All Questions)

Self Employed  Employed by \_\_\_\_\_ Nature of Business \_\_\_\_\_

Select Your Business Experience Level:

Restaurant Management  Other Business Management  Other Business Non Management  Restaurant Non Management  No Business Experience

List all restaurant & food service businesses in which you have an ownership interest or involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Optional for additional information purposes but required to begin the process of the purchase and transfer of an existing location. Also note: it will be required prior to the purchase of a new franchise.

\*\*The email address you provide will be considered a business email address to be used by the Franchisor and/or its affiliates to communicate with you electronically in connection with this Application and any franchise purchase.

## FINANCIAL INFORMATION (Please List Figures in US Dollars, if possible)

How much money are you ready to invest? \_\_\_\_\_ Currency Type \_\_\_\_\_

NOTE: A financial statement will be required in order to continue the purchase process.

## PARTNERS (All partners must fill out a separate application and if listed, must be named on any Franchise Agreement executed in connection with this application unless we allow otherwise.)

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

	First	Last	Middle Initial		% Ownership		
Partner's Name _____				<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Partner's Name _____				<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Partner's Name _____				<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Partner's Name _____				<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	

## RESTAURANT OPERATIONS

If qualified, when will you invest in a franchise?  Now  Within 6 months  6 months to 1 year  More than 1 year

How involved will you be in operating the restaurant?  0% Not involved at all  50% Somewhat involved  100% Completely involved

In what state or province would you like to open your Aroma Joe's Franchise? (If different from your state of residence) \_\_\_\_\_

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Aroma Joe's Franchising, LLC). I understand that I must be a citizen or permanent resident of the United States or Canada to purchase a franchise to be located in the United States and that I must provide the requisite proof to the Franchisor prior to any franchise sale or transfer. For any franchise to be located outside of the United States, I understand that I must provide the requisite photo identification to the Franchisor to verify my identity prior to any sale or transfer and upon request during the term of any franchise agreement entered into with the Franchisor.

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.

I authorize the Franchisor or its designee to procure an investigative consumer report, a general background search and an investigation in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government (collectively referred to as "Investigations"). I understand that these Investigations may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history and job performance (collectively referred to as "Investigation Data"). I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of these Investigations. I hereby release any representative of the Franchisor or its affiliate, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its affiliates, officers, agents, employees, and/or servants (collectively referred to as the "Investigator") from any liability arising from the preparation of these Investigations.

This authorization for release of information includes but is not limited to matters of opinion relating to Investigation Data. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to the Investigator. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of an Aroma Joe's® franchise from Franchisor, pursuant to the laws of Maine, USA and by binding arbitration only. The arbitration shall be administered by the American Arbitration Association ("AAA") or its successor ("AAA") in accordance with its administrative rules including, as applicable, the Commercial Rules of the AAA and under the Expedited Procedures of such rules or under the Optional Rules For Emergency Measures of Protection of the AAA. In the event that the AAA is no longer in business, arbitration shall be administered by the American Dispute Resolution Center or its successor (ADRC) in accordance with its administrative rules. If both AAA and ADRC are no longer in business, then the parties will agree upon an alternative agency to administer the arbitration. I agree that arbitration will be held in Portland, Maine, USA, conducted in English and decided by a single arbitrator.

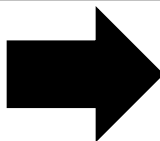
Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam. I understand that I will be required to provide proof of amounts listed as Liquid Assets above by providing copies of my bank statements for the past three (3) months as verification.

Date \_\_\_\_\_ Applicant's Signature (required) \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Signature (required) \_\_\_\_\_

**Submit your completed application**

**In one of 3 convenient ways listed:**



**Email:** [FranchiseSales@aromajoes.com](mailto:FranchiseSales@aromajoes.com)

**Fax:** 207.536.8646

**By Mail:** Aroma Joe's World Headquarters

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Portland, ME 04103