Healthy Times

Your Local Health & Wellness Resource

Franchise Application

Make Health & Wellness Your Business...

HEALTHY TIMES NEWSPAPER - CONFIDENTIAL PROFILE

WE WILL NOT CONTACT YOUR EMPLOYER WITHOUT YOUR APPROVAL

Name: _____

First Middle Last

Social Security #: _____ Occupation: _____

Home Address:_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Email:_____

Who Will Operate The Business? Self_____Spouse_____ Other_____

Do you Have Any Sales Experience? Yes ____ No____ Sales Type _____

Have You Ever Sold Advertising? Yes ____ No____ Type _____

What City and State Would You Like to Open Your Business? _____

If You Were Approved, When Would You Like to Begin Training?_____

Have You Ever Failed in Business or Filed Bankruptcy? Yes_____ No_____

Are There Any Lawsuits Pending Against You? Yes_____ No_____

Have You Ever Been Convicted of a Felony? Yes_____ No_____

Are The Funds Required for This Business Available to You? Yes_____ No_____

ESTIMATED FINANCIAL STATEMENT

ASSETS		**LIABILITIES**	
Cash	$_____	Mortgage Balance on Primary Residence	$_____
Stocks, Bonds & Other Securities	$_____	Mortgage Balance on Other Real Estate	$_____
Primary Resident (Market Value)	$_____	Other Obligations	$_____
Other Real Estate	$_____	Auto Loans, Credit Cards, etc.	$_____
Automobiles & Other Property	$_____	Other Liabilities	$_____
Other Assets	$_____		
TOTAL ASSETS	$_____	**TOTAL LIABILITIES**	$_____
		NET WORTH (assets - liabilities)	$_____

PLEASE READ AND SIGN

In connection with the above application, I understand that this is not an offer to a Heathy Times Newspaper franchise. Healthy Times Newspaper will use this information to help evaluate me as a candidate to purchase a Healthy Times Newspaper franchise. I also understand that the submission of this profile does not obligate me in any way.

For identification purposes: Date of Birth: Month_____ Day___Year_____Race_____Gender_____

Other or Former Names_____

Submitted the __ day of _____, ____ Signature:_____

PLEASE COMPLETE THIS FORM AND FAX TO HEALTHY TIMES NEWSPAPER : 800-675-8011

Essay

Please take a few moments to provide the following information. Feel free to use additional or separate sheets if necessary.

Please tell us how you became aware of the Healthy Times Newspaper Franchise.

Given the nature of our business, why do you believe you would be a good candidate for a Healthy Times Newspaper franchisee?

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THANK YOU FOR YOUR INTEREST IN HEALTHY TIMES NEWSPAPER! YOU WILL HEAR BACK FROM US SHORTLY