



Coffee With An Attitude

FRANCHISE APPLICATION

CONFIDENTIAL

The Bad Ass Coffee Co.™ will use this report to help evaluate your qualifications for a franchise.

**THIS IS CONFIDENTIAL INFORMATION AND IS NOT A CONTRACT
OFFERING BY CIRCULAR ONLY**

THE BAD ASS COFFEE COMPANY™ OF HAWAII, INC.

155 West Malvern Ave.

Salt Lake City, Utah 84115

(801) 463-1966 * Fax (801) 463-2606 * Toll Free 1-(888) 422-3277

www.badasscoffee.com

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FRANCHISE APPLICANT	First Name	Middle	Last	Date of Birth		
FRANCHISE SPOUSE	First Name	Middle	Last	Date of Birth		
PRESENT ADDRESS	Years & Months	Street Address	City	State	Zip	Telephone ()
PREVIOUS ADDRESS	Years & Months	Street Address	City	State	Zip	Telephone ()
PREVIOUS ADDRESS	Years & Months (If above less than 5 years)	Street Address	City	State	Zip	Telephone ()
Have you ever been in business for yourself?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain:		
Has your spouse ever been self-employed?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain:		
Have you or your spouse had any serious illnesses or accidents within the last ten (10) years?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain:		
Have you or your spouse ever been declined Accident, Life, or Health Insurance?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain:		
Highest Education Level Achieved (Circle) 8 9 10 11 12 13 14 15 16 17 18 Major:						
Spouse Education (Circle) 8 9 10 11 12 13 14 15 16 17 18 Major:						
Have you or your spouse ever been convicted of something other than a minor traffic violation?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain and include date, location, charge and disposition of charge:		
Are you or your spouse subject to pending litigation or unsatisfied judgments?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If Yes, Please Explain:		
Do you have children?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Ages:		

Business Experience / Employment History
List all history beginning with present or most recent employer

Franchise Applicant				Applicant's Spouse			
Employer's Name:		Telephone: ()		Employer's Name:		Telephone: ()	
Street Address:				Street Address:			
City:		State:	Zip:	City:		State:	Zip:
Job Title/Description:				Job Title/Description:			
Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES		Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Date of Employment: From: To:		Salary Per Month: Begin: End:		Date of Employment: From: To:		Salary Per Month: Begin: End:	
Reason For Leaving:				Reason For Leaving:			
Employer's Name:		Telephone: ()		Employer's Name:		Telephone: ()	
Street Address:				Street Address:			
City:		State:	Zip:	City:		State:	Zip:
Job Title/Description:				Job Title/Description:			
Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES		Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Date of Employment: From: To:		Salary Per Month: Begin: End:		Date of Employment: From: To:		Salary Per Month: Begin: End:	
Reason For Leaving:				Reason For Leaving:			
Employer's Name:		Telephone: ()		Employer's Name:		Telephone: ()	
Street Address:				Street Address:			
City:		State:	Zip:	City:		State:	Zip:
Job Title/Description:				Job Title/Description:			
Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES		Supervisor's Name		May we communicate with your employer? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Date of Employment: From: To:		Salary Per Month: Begin: End:		Date of Employment: From: To:		Salary Per Month: Begin: End:	
Reason For Leaving:				Reason For Leaving:			

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Will other investors participate in this franchise?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes, list name and extent of participation:
Briefly describe your plans for managing this franchise:			
Would you be interested in purchasing multiple units? <input type="checkbox"/> NO <input type="checkbox"/> YES			

ENTITY / PERSONAL FINANCIAL STATEMENT

ASSETS		LIABILITIES		
CASH ON HAND IN BANK	\$	SECURED NOTES PAYABLE TO BANKS	\$	
U.S. GOVERNMENT SECURITIES		UNSECURED NOTES PAYABLE TO BANKS		
ACCOUNTS, LOANS AND NOTES RECEIVABLE		NOTES PAYABLE TO RELATIVES		
CASH SURRENDER VALUE OF LIFE INSURANCE		ACCOUNTS AND NOTES PAYABLE TO OTHERS		
STOCKS		RENTS AND INTEREST DUE		
REAL ESTATE: Home		TAXES DUE		
REAL ESTATE: Other		LIENS ON REAL ESTATE		
AUTOMOBILES AND NUMBER		AUTO LOAN(S)		
OTHER ASSETS (ITEMIZE)		CHARGE ACCOUNTS (ITEMIZE)		
		CONTINGENT LIABILITIES		
			As endorser or co-maker	
			On leases or contracts	
			Legal claims	
			Provisions for federal income tax	
		Other special debt		
TOTAL ASSETS	\$	TOTAL EXPENSES	\$	
THE ASSETS MINUS TOTAL LIABILITIES EQUAL NET WORTH			\$	

Source of monthly Income

Monthly Expenses

SALARY		RENT OR MORTGAGE PAYMENT		
BONUSES OR COMMISSIONS		FOOD AND UTILITIES		
DIVIDENDS AND INTEREST		INCIDENTALS		
REAL ESTATE INCOME		AUTO LOAN(S)		
OTHER		MEDICAL		
		CHARGE ACCOUNTS		
			COMPANY NAME	BALANCE DUE
				\$
				\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$	
THE DIFFERENCE BETWEEN INCOME AND EXPENSES				
AMOUNT OF CASH AVAILABLE FOR FRANCHISE	\$	SOURCE OF FUNDS: Savings: \$ Other: \$ Bank Loan: \$		

