



**Yogli~Mogli Franchise, LLC.**

Marketed by The Franchise Doctor

1010 Huntcliff, Suite 1350

Atlanta, GA 30350

770 587-2538

**CONFIDENTIAL QUALIFICATION STATEMENT**

Completion of this form does not obligate either party in any manner.

**Personal Data**

Name \_\_\_\_\_

First

Middle

Last

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Best time to Call: \_\_\_\_\_ May we call you at work? Yes\_\_ No\_\_

Email Address: \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Married? Yes\_\_ No\_\_

Spouse's Name \_\_\_\_\_

**Employment History**

Are you now employed? Yes\_\_ No\_\_

Latest Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

Your Title \_\_\_\_\_ Yearly Salary \$ \_\_\_\_\_

Number of Employees Supervised \_\_\_\_\_ Years with the Business \_\_\_\_\_

Previous Firm \_\_\_\_\_ Spouse's Firm \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Salary \_\_\_\_\_ Salary \_\_\_\_\_

Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Description of work \_\_\_\_\_ Desc of work \_\_\_\_\_

**Funding and Sources of Income**

New franchisees should have \$304,050 to \$390,050 to invest in their business. Please describe the sources and amounts you will use to start your franchise.

\_\_\_\_\_

Do you plan to borrow to finance your business? Yes\_\_ No\_\_ Amount \$ \_\_\_\_\_

Please indicate monthly household income expected to continue after being awarded a franchise.

Spouse's Income \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_

Real Estate Income \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_

Inheritance \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_

Other (please explain) \_\_\_\_\_

\_\_\_\_\_

***Intentions and Expectations as a New Franchisee***

Who will operate your business? \_\_\_ Self? \_\_\_ Spouse? \_\_\_ Other? \_\_\_\_\_

Will you continue on your job after opening your franchise? Yes \_\_\_ No \_\_\_

In what city and state would you like to operate? \_\_\_\_\_

What is your target date for opening? \_\_\_\_\_

***About You***

What are your motivations for owning your own business? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of your chief concerns in starting your venture?

\_\_\_\_\_

\_\_\_\_\_

Please summarize the skills and experience you will use to become a successful franchisee.

\_\_\_\_\_

\_\_\_\_\_

***Your Financial Statement***

Date \_\_\_\_\_

Cash in Banks \$ \_\_\_\_\_

Stocks & Bonds \$ \_\_\_\_\_

Accts/Notes Receiv. \$ \_\_\_\_\_

Real Estate Owned \$ \_\_\_\_\_

Automobiles \$ \_\_\_\_\_

Personal Property \$ \_\_\_\_\_

Unlisted Stocks \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

**Total Assets** \$ \_\_\_\_\_

Notes Payable \$ \_\_\_\_\_

to Banks \$ \_\_\_\_\_

to Mortgage Cos \$ \_\_\_\_\_

to Credit Cards \$ \_\_\_\_\_

Automobile Loans \$ \_\_\_\_\_

Other Install. Loans \$ \_\_\_\_\_

Other Debts \$ \_\_\_\_\_

**Total Liabilities** \$ \_\_\_\_\_

**Net Worth** (Assets  
less Liabilities) \$ \_\_\_\_\_

**Total Liabs & Worth** \$ \_\_\_\_\_

I (we), the undersigned, hereby certify that all information supplied on this application is accurate and complete. I (we) hereby authorize **Yogli-Mogli Franchise, LLC** or its authorized agent to obtain verification on any of this information and I (we) hereby authorize the release of such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_