



Good Feet Worldwide, LLC

Franchise Application

(upon completion please fax to (760) 804-0998)

By completing and signing this application, you authorize Good Feet Worldwide, LLC to access your personal credit information. The filing of this application does not obligate the applicant to purchase a franchise or the franchisor to offer or sell a franchise.

Personal Information

Name:	SSN:	Home Phone:
Other names known by:		
Current Address:		
City:	State:	ZIP:
Email Address:	Fax number:	
Driver's License Number:		
Have you ever been convicted of a felony? Yes _____ No _____		
Have you ever been associated directly or indirectly with terrorist activities? Yes _____ No _____		
Are you of legal age in your state and/or area of residence?		

Employment Information

(We will not contact your current employer)

Current Employer:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Position:		
Detail applicable retail/business experience:		
Can we contact you at work? Yes _____ No _____ If so, at what phone #? _____		
Do you have a friend(s) or relative(s) who currently is or has been a Good Feet Store owner?		
If so, please list:		

Territory Desired (*PRIORITY LISTED*)

City	County	State

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Financial Information

Total Assets: \$ _____

Breakdown of Assets:

Asset: _____

Value: \$ _____

Asset: _____

Value: \$ _____

Asset: _____

Value: \$ _____

Asset: _____

Value: \$ _____

Asset: _____

Value: \$ _____

Total Liabilities: \$ _____

Breakdown of Liability:

Liability: _____

Amount: \$ _____

Liability: _____

Amount: \$ _____

Liability: _____

Amount: \$ _____

Liability: _____

Amount: \$ _____

Liability: _____

Amount: \$ _____

Net Worth: \$ _____

What amount of money do you have available for initial investment? \$ _____

Source of investment capital: _____

What amount of money do you have available for operating capital? \$ _____

Source of operating capital: _____

Current Source of Income:

Total monthly gross income: \$ _____

Source of income: _____ Amount: \$ _____

Source of income: _____ Amount: \$ _____

Source of income: _____ Amount: \$ _____

Source of income: _____ Amount: \$ _____

NOTICE: The Federal Equal Credit Opportunity Act prohibits franchisors from discriminating against applicants on the basis of color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract) all or part of the applicant's income derives from any public assistance program, or because the applicant in good faith has exercised any right under the Consumer Credit Protection Act.

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Business Entity Information

(Each partner/owner is required to execute a credit application, confidentiality agreement and personal guarantee as part of your franchise agreement)

NAME OF EACH OWNER/PARTNER/AFFILIATE WHO WILL HOLD AN OWNERSHIP INTEREST:	% OF OWNERSHIP
1.	
2.	
3.	
4.	

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, is true and accurate as of the date below. I agree to notify Good Feet Worldwide, LLC. of any material change in my personal, business or financial status while this application is pending. I understand that this Application does not constitute an offer by Good Feet Worldwide, LLC to sell a franchise and that this information is being provided to Good Feet Worldwide, LLC solely for the purpose of evaluating my personal, professional and financial qualifications. The undersigned hereby authorizes Good Feet Worldwide, LLC to obtain credit data; I consent to and acknowledge that in addition to any information provided, Good Feet Worldwide, LLC may obtain background information relating to my personal and business records, including but not limited to my credit, tax, litigation, property, corporate, criminal and driving records.

Each partner/owner is required to submit a separate franchise application.

Signature of Applicant	Date
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If your application for franchise approval has been denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact your sales representative at the address on this application within 60 days from the date you are notified of the decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

Good Feet Worldwide, LLC.
U.S. Franchise Opportunities Department
2270 Cosmos Ct., Carlsbad, CA 92011
Phone: (760) 804-0751 Fax (760) 804-0998