

CONFIDENTIAL PERSONAL APPLICATION

Date

Applicant's Name

DOMESTIC FRANCHISE APPLICATION



CONFIDENTIAL

This application does not
obligate either party in any matter.
This is not an offer to sell a franchise.
An offer can be made by prospectus only.

Please note that the following documents *are required* to be submitted for a Confidential Franchise Application to be Considered complete:

1. Confidential Personal Application
2. Confidential Financial Application

CONFIDENTIAL PERSONAL APPLICATION

The following information is the basis for your franchise application. The submission of the application does not obligate Dashing Diva Franchise Corporation, or you in any way. Dashing Diva will rely on the information provided to evaluate your application to acquire a franchise. Please answer all questions and use "Not Applicable", "N/A" or "None", if necessary.

Please return the completed profile in the enclosed envelope to:

Dashing Diva Franchise Corporation
 Attention: Catherine Park
 1 Harbor Park Road
 Port Washington, N.Y. 11050

Or email the completed profile to Catherine at: catherine@DashingDiva.com

1. APPLICANT (INDIVIDUAL):

Last	First	Middle	Social Security Number
Address: Street	City	State	Country
+Own +Rent How many years at this address? _____		If less than three years, please provide previous address.	
Previous Address: Street	City	State	Country
Residence Phone _____		Business Phone _____	
Residence Fax _____		Business Fax _____	
Cell Phone _____		E-mail _____	
Marital Status _____		Number of Children _____	
Spouse's Name _____		Number of Dependents _____	
Spouse's Occupation _____		Spouse's Annual Salary _____	
Birth Record: City & Country		State & Country	Date of Birth
Age			
Are you a citizen of the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Languages spoken fluently _____			
Education:	Years of schooling	<input type="checkbox"/> 1-12	Degrees: <i>(List name of school, degree and year received.)</i>
		<input type="checkbox"/> 12-16	High School _____
		<input type="checkbox"/> Over 16	Bachelor's _____
Major _____	Graduate _____		Post Graduate _____

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Activities:

Have you ever been convicted of any misdemeanor or felony? (*other than minor traffic violations?*) Yes No

If yes, please explain _____

Have you or a corporation owned or controlled by you ever been involved in bankruptcy? Yes No

If yes, state details _____

Are you currently involved in any lawsuits or legal actions, either as plaintiff or defendant? Yes No

If yes, please state details _____

Please give three personal references. (*Do not list relatives or former employers.*)

Name	Relationship	Address	Phone

II. BUSINESS EXPERIENCE:

Present Occupation	Position	Date Employed	Annual Salary
Company	Address		
Describe duties, number of employees supervised and responsibilities			

Previous ten years business experience *Give exact names, address and dates. List most recent first. Attach resume, if available:*

Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left
Responsibilities		Annual Salary	
Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left
Responsibilities		Annual Salary	
Dates Employed	Position	Company	Type of Business
Address		Name of Superior	Reason Left
Responsibilities		Annual Salary	

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III. SALON EXPERIENCE:

Do you now or have you ever owned or have experience in a salon operation? Yes No Quick Service Full Service

If yes, state details _____

List companies or vendors from whom you purchase(d) goods or services:

Name	Address	Phone Number

Do you presently have any commitments or arrangements that may interfere in your becoming a Dashing Diva franchisee? Yes No

If yes, please give details _____

IV. OPERATIONAL PLAN:

How did you become interested in Dashing Diva Franchise Corporation franchising program? _____

Will your Dashing Diva be operated as a Corporation, Partnership or Sole Proprietorship?

What percent equity of this business will you own? _____

If other individuals will participate in the ownership of this venture, please provide name(s) below.

(Each participant must complete a separate Franchise Application.)

_____ Percent Ownership _____ Active Investor Only

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To what extent will you be involved in the daily operations? _____

Will your Dashing Diva be considered: your primary source of income?

an investment with an operating partner?

Will members of your family be directly involved with the day to day operations of this business? + Yes + No

If yes, list who and in what capacity _____

What geographical area interests you? _____

If franchise is not available in area of interest, will you consider another area? _____

Capital available for investment \$ _____

Sources and amounts of additional capital _____

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Name of Accountant _____ Phone _____

Name of firm _____

Address: _____
Street City State Zip Code

Name of Attorney _____ Phone _____

Name of firm _____

Address: _____
Street City State Zip Code

Signature:

The applicant for franchise understands that this is neither an application for a franchise nor an application for financing. I understand that Dashing Diva Franchise Corp. will use the information contained on this form only for the purpose of evaluating my interest in becoming a franchisee. I authorize Dashing Diva Franchise Corporation to provide the information contained herein to reliable credit agencies and/or to small business finance lenders. I certify that the statements and entries on this form are true and correct.

Name (Please Print)

Signature

Date

Thank you for completing the Confidential Personal Application.

Please continue with the Confidential Financial Application portion of the Confidential Franchise Application.

CONFIDENTIAL FINANCIAL APPLICATION

V. PERSONAL FINANCIAL STATEMENT:

Begin this section of the application by completing **Asset Verification Schedules 1-8** on the following pages. Please complete this form answering all questions "no" or "none" where necessary. If a corporation will be involved in the ownership of the DASHING DIVA Franchise, please also attach appropriate Balance Sheets and Income Statements.

Salary, Wages	\$	
Bonus, Commissions		
Dividends, Interest		
Real Estate Income		
Business Profits		
Notes/Accounts Receivable		
Other Income – specify source, e.g. trust, spouse, etc.		
Total	\$	

Please provide details on the following Asset Verification Schedules (*schedule numbers in parentheses.*)

Assets		Liabilities	
Cash on hand and in bank	\$	Notes/Loans payable to banks (4)	\$
Vested profit sharing		Notes/Loans payable to friends, relatives (4)	
Securities (1)		Accounts and bills due (4)	
Bonds/Debentures (2)		Real estate mortgages (7)	
Notes, Accounts and Mortgages receivable (3)		Other debts or obligations (6)	
Real Estate – Current Market Value (7)			
Net Value of Business Interests (8)		Total Liabilities	\$
Other – Autos and personal property, etc. (5)		New Worth	\$
Total Assets	\$	Total Liabilities and New Worth	\$

Give names of banks or financial companies where accounts are carried or where credit can be obtained or verified.

Name	Address	Account #	Phone	Fax	Highest extended credit/purpose

I submit the foregoing information as my complete and true personal and financial condition as of the date shown. Dashing Diva is authorized to contact any appropriate third parties or credit agencies to verify the accuracy of the information submitted herein and to retain such information for its records. If requested by Dashing Diva, I agree to supply statements from my professional advisors (i.e. banker, broker, accountant or attorney) verifying the above assets. I also agree to furnish copies of Federal Income Tax Return as filed for the last five years, if requested. I understand that Dashing Diva is relying upon all the above information as a material factor in considering my application to become a Dashing Diva and that all information contained in and pursuant to this application will be held in strictest confidence by Dashing Diva. This information has been provided for the specific purpose of obtaining a Dashing Diva and is for Dashing Diva internal use only.

Signature:

Applicant _____ Date _____

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(5) Other assets	
(e.g.: Stock options, cash value of life insurance, automobiles and other personal property, etc.)	
Description	Current fair market value
Total	\$

(6) Other debts and liabilities		
(e.g.: insurance loans, alimony, child support, leases, contracts, legal claims, judgments, chattel mortgages, taxes, co-maker or guarantor, etc.)		
Obligee	Description	Amount
Total		\$

(7) Real estate								
Address and description of property (residential, rental, vacant)	Date acquired	Title in name(s) of	Original cost	Original mortgage amount	Mo. payment (incl. taxes, assessments)	Current market value	Current mortgage balance	Net value
Total						\$	\$	\$

(8) Business interests								
Name of business	Description	Type (partner., corp., sole)	Names of all owners	Relation to applicant	Percent equity	Buy/sell agreement yes/no	Valuation method (book, earnings multiple, appraisal, agreed value)	Net value your interest
Total							\$	\$

Does your spouse or another person have any interest in any of the above assets? If yes, please explain and list assets. _____

Have you acquired any of the above assets as a gift? If yes, specify assets, from whom and when acquired. _____

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MONTHLY CASH FLOW STATEMENT

For the Year Ending _____

(Please enter amounts uniformly as monthly.)

Income	Amount
Salary/Business Income from (<i>describe</i>) _____	\$ _____
Investment Income	AMOUNT
Interest (<i>Taxable</i>) _____	_____
Interest (<i>Non-taxable</i>) _____	_____
Dividends _____	_____
Real Estate-Gross Rental Received _____	_____
Rental expenses _____	_____
Debt Payment (<i>Schedule 7</i>) _____	_____
Net Rental Income _____	_____
Other Investment Income _____	_____
TOTAL INVESTMENT INCOME	\$ _____
Salary (<i>Spouse</i>) _____	\$ _____
Other (<i>Alimony, Child Support, etc.</i>) _____	\$ _____
TOTAL INCOME	\$ _____

Expenses & Fixed Obligations

Living Expenses	
Food _____	_____
Clothing _____	_____
Utilities _____	_____
Transportation, Car Repair _____	_____
Charitable Contributions _____	_____
Medical Bills, Prescriptions _____	_____
Entertainment, Travel _____	_____
Other _____	_____
TOTAL	\$ _____

Fixed Expenses	
Consumer Loans (<i>Schedule 4</i>) _____	_____
Taxes _____	_____
Income Taxes _____	_____
Property Taxes _____	_____
State & Local Taxes _____	_____
Mortgages (<i>Schedule 7</i>) _____	_____
Bank Loans (<i>Schedule 4</i>) _____	_____
Insurance _____	_____
Car Insurance _____	_____
Medical Insurance _____	_____
Life Insurance _____	_____
Home Insurance _____	_____
Other (<i>Alimony, Child Support, etc.</i>) (<i>Schedule 6</i>) _____	_____
TOTAL	\$ _____

TOTAL EXPENSES AND FIXED OBLIGATIONS	\$ _____
NET INCOME REMAINING	\$ _____