



## Licensee Application Form

### Personal Information

First Name	Middle Initial	Last Name
Address	State	Zip Code
	DOB	Tax ID/SS
Email	Primary Phone	Mobile Phone
Have you ever been convicted of a felony?	Yes	No
Have you been involved in any litigation proceeding withing the last 5 years?	Yes	No

### Education Background

Highest Education
Schools Attended
Degree(s) Attained

### Business Information

Self Employed	Employed By	Years in Business
Name of Business		
Title		
Nature of Business		
Address		
State	Zip	
Business Phone		

## Financial Information

Annual Income (current occupation)

Annual Income (other sources)

Bank Reference

Branch

Address

Contact

A) Individual Liquid Assets (Cash, Stocks, etc)

B) Individual Fixed Assets (Home, Car, etc)

C) Individual Total (A+B)

D) Individual Liabilities (Mortgages, Loans, etc)

E) Individual Net Worth (C-D)

Will this business be your sole income source?

Will you apply for financing or borrow from a friend or relative?

If Yes, what amount and what is your relationship?

## Reference (Excluding Relatives)

Name

Address

Telephone

## Partners (All partners should fill out a separate application)

Will you have partner(s)?                      Yes                      No                      (if no, skip this section)

First Name

Last Name

Middle Initial

Active

Silent

%

## Disclaimer

I understand that the approval of a License is at the sole discretion of the Franchisor (Om Gallery). I understand that any information I receive from the Licensor or from any officers, employee, agent or Licensee of the Licensor is highly confidential ("Confidential Information"). Licensee information has been developed with a great deal of effort and expense to the Licensor, and is being presented to me solely because of this Application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Licensor, disclose, share, or copy any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Licensor. I authorize the Licensor to conduct background verification and perform a general background search. I understand that these Investigations may disclose information about my background, character, general reputation, relations with other individuals or entities, creditworthiness, litigation history and job performance. I hereby release the Licensor, a credit bureau, security consultant or other investigative service agents selected by the Licensor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, relationships with others. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to designated representatives of the Licensor, a credit bureau, security consultant or other investigative service agents selected by the Licensor. I further authorize Licensor to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my qualification as a potential Om Gallery Licensee. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization I release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original. I agree that I will resolve any and all previously unasserted claims, disputes or controversies arising out of or pertaining to my franchise application for the right to operate an Om Gallery Licensed Store from Licensor. I certify that all information provided in this application is true and I understand that the information provided by me will be used for License application review by the Licensor. I understand that I will not be approved to purchase a License if I fail to satisfactorily meet the pre-conditions established by the Licensor. Additionally, I understand that the Licensor may require me to pass a personality test.

I have read the above disclaimer

Applicants Name

Signature (Digital is excepted)

We recommend that you print a copy for your

Fax this form to: 831.621.4068

Or

Email to [sales@omgallery.com](mailto:sales@omgallery.com)