



Licensing Agreement Application

Fill out this form, save it and email to theb12stores@gmail.com.
We will follow up with you at the email address you have provided.

Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP CODE: _____

Phone: _____ Occupation: _____ Email Address: _____

Financial Background

Have you ever owned your own business? Yes No

If yes, name of business? _____

Are you currently employed? Yes No

If yes, where? _____

Have you ever filed bankruptcy? Yes No

Do you have \$25,000 or more in savings? Yes No

Do you have \$50,000 or more in savings? Yes No

Licensee Details

Would you be the sole licensee? Yes No

If not, list others: _____

What state do you wish to open in? _____

Do you plan on opening in a mall? Yes No

If not, then where? _____

Do you plan on opening more than one store in the future? Yes No

When do you wish to open by? _____

What is the minimum yearly salary you hope to obtain with new store? _____

Will this be your sole source of income? Yes No

Licensing Details

Do you understand how a licensing agreement works? Yes No

Are you willing to pay monthly royalties? Yes No

Why do you think you'd be a good licensee candidate? _____

References

Name	Phone Number	Relationship
1.		
2.		
3.		

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