

THE DOGFATHER
ADDITIONAL INFORMATION REQUEST FORM

Applicant Name: _____.

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (home): _____ (Cell): _____

Email: _____

LOCATION PREFERENCES

In what geographical area are you interested? Be as specific as possible.

First Choice: _____

Second Choice: _____

Third Choice: _____

Do you now own a franchised business operation? _____ Yes _____ No.

If yes, name of franchisor: _____.

Name/Address of operation: _____.

Have you ever owned a franchise similar to The Dogfather?

_____ Yes _____ No.

Do you have any arrangements or commitments, contractual or otherwise, that may interfere with your becoming a franchisee? _____ Yes _____ No.

If yes, please explain: _____

Have you, or any business entity in which you have owned an interest, ever been involved in bankruptcy, insolvency proceedings, or compromise with creditors?

_____ Yes _____ No.

If yes, please explain: _____

Please email or mail (circle one) me the following (check all that apply):

_____ F.D.D./FA _____ Tri-Fold Brochure _____ Application _____ Please Call