

Becoming an Extended Family Store



Application

© Chocolaterie Stam
2901 Bell Avenue
Des Moines, IA 50321
Phone: 515-282-9575
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Contact: Ton Stam
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Application for Extended Family Store

Being an Extended Family Store requires a considerable cash investment; therefore it is necessary to establish your net worth. To help us properly evaluate your application, please fill out this form as accurately and completely as possible. This information will be held in absolute confidence and confidentiality. Please note that Chocolaterie Stam reserves the right to check credit and personal references.

Personal Information:

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Address: _____

City/ State/ Zip Code: _____

How many years at current residence? _____

Phone Number: _____

Cell Number: _____

Previous Address: _____

City/State/Zip Code _____

Years at residence. _____

Email Address: _____

Spouse or Partner's Name: _____

Social Security Number: _____

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Educational Back Ground:
Degree (s) Earned

Years:

Schools Attended:

1. _____
2. _____
3. _____

Employment Information:

Currently Self Employed or Employed by: _____

City: _____ State _____ Zip Code:

Phone Number: _____ How long employed? _____

May we contact you at work? Yes or No

Previous Employer or Business: _____

City: _____ State _____ Zip Code:

Phone Number: _____ How long employed? _____

Financial Information:

Annual Income from present occupation\$ _____

Other Annual Income\$ _____

If Other Income, Please include amount and source of income. _____

Bank Reference: (s)

BANK NAME	BRANCH	ADDRESS	CITY	STATE/ZIP

Living Expenses:

Estimated minimum income required for your current living expenses \$

Would the Chocolaterie be your sole source of income? Yes or No

If no, what other sources of income do you have? _____

Do you own or rent your home? Own or Rent.

If own, what is the current value? _____Mortgage Amount \$

Net Worth:

Your total assets \$ _____ Your total liabilities \$ _____

Your Net Worth? _____

Amount of Cash Available for business \$ _____

Do you have a source of financing? Yes or No

If yes, amount of financing available. \$ _____

Location of financing _____

Location Preference:

City/State:

Mall/Area:

First Choice: _____

Second Choice: _____

Third Choice: _____

What is your time frame for opening?

6 months 1 year beyond 1 year

Do you intend to run this business yourself? Yes or No

If "no" who will be responsible for the daily operation of the
Chocolaterie?

How did you first hear about our Extended Family Store opportunities?

Why do you want to open a Chocolaterie Stam? _____

Any information you would like to have and/or share that may be relevant:

Tell us about your past experience(s) that would contribute to your success as a chocolate entrepreneur _____

We appreciate your interest in Chocolaterie Stam; none of the information you have received should be construed as solicitation to enter into a franchise agreement, but merely an exchange of information which does not obligate you or Chocolaterie Stam.

I authorize release of any information deemed necessary by Chocolaterie Stam, Inc. to verify any and all of the above information. I hold Chocolaterie Stam harmless for any damages arising from verification of the information contained herein.

Signature
Date



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