

Franchises Available!

If you wish to be considered for an Tastings franchise, please complete all the data requested on this application, sign the last page and return it to us.



Confidential Application

Completion of the application does not obligate you, Tastings or FCI, in any way.



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• Phone 941-351-6270 • Fax 941-351-6217

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Confidential Application

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I. PERSONAL DATA

Your Name: Mr. Mrs. Ms. Dr. _____ Age: _____

Email: _____

Spouse's Name: _____ Age: _____

Email: _____

Home Address: _____ How Long: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Best time to call: _____

Work Phone: _____ Best time to call: _____

Cellular Phone: _____ Best time to call: _____

Fax: _____

Education (circle one):

SELF 8 9 10 11 12 College: _____ Degree: _____ Major: _____

SPOUSE 8 9 10 11 12 College: _____ Degree: _____ Major: _____

II. EMPLOYMENT AND BUSINESS DATA

Employment Record (resume(s) may also be attached):

SELF: _____ SPOUSE: _____

Firm: _____ Firm: _____

Position/Title: _____ Position/Title: _____

Present Salary: _____ Date Started: _____ Present Salary: _____ Date Started: _____

How long have you been looking for a business? _____

What other businesses have you investigated? _____

How did you hear about FCI? _____

Please Circle the six to ten attributes which best describe you:

- | | | | | |
|-------------------------------------|-------------------------------------|--|--------------------------------------|--|
| <input type="radio"/> Amiable | <input type="radio"/> Controlling | <input type="radio"/> Flexible | <input type="radio"/> Independent | <input type="radio"/> Outgoing |
| <input type="radio"/> Bottom Line | <input type="radio"/> Diplomatic | <input type="radio"/> Focused | <input type="radio"/> Leader | <input type="radio"/> Persuasive |
| <input type="radio"/> Compassionate | <input type="radio"/> Direct | <input type="radio"/> Growth Oriented | <input type="radio"/> Loyal | <input type="radio"/> Reliable |
| <input type="radio"/> Competitive | <input type="radio"/> Eccentric | <input type="radio"/> Hard Working | <input type="radio"/> Money Oriented | <input type="radio"/> Results Driven |
| <input type="radio"/> Traditional | <input type="radio"/> Conservative | <input type="radio"/> Enthusiastic | <input type="radio"/> Impatient | <input type="radio"/> Open Minded |
| <input type="radio"/> Risk taker | <input type="radio"/> Understanding | <input type="radio"/> Considerate | <input type="radio"/> Enterprising | <input type="radio"/> Intuitive |
| <input type="radio"/> Opinionated | <input type="radio"/> Spontaneous | <input type="radio"/> Unique/Different | <input type="radio"/> Strong Willed | <input type="radio"/> Supportive Thinker |

III. FINANCIAL DATA

Present Financial Status (or attach current Financial Statement):

ASSETS		LIABILITIES	
Cash on Hand & in Banks *	\$ _____	Notes Payable	\$ _____
Savings Funds/Certificates *	\$ _____	Revolving A/C Balances	\$ _____
Stocks, Bonds, & Securities *	\$ _____	Credit Card Balances	\$ _____
Retirement Plans, IRA, 401K	\$ _____	Home Mortgage Balance	\$ _____
Home Market Value	\$ _____	Other Real Estate Debt	\$ _____
Other Real Estate (Market Value)	\$ _____	Auto Loans	\$ _____
Personal Property	\$ _____	Other Debts (Describe)	\$ _____
Auto(s) Market Value	\$ _____		
Other Assets (Describe)	\$ _____		
<hr/>		<hr/>	
Total Assets	\$ _____	Total Liabilities	\$ _____
NET WORTH	\$ _____		

(Total Assets minus Total Liabilities)

Do you have sources of income other than salary? _____ If so, source and amount: _____

Your monthly Expenses: Home: \$ _____ Auto: \$ _____ Living: \$ _____

Other: \$ _____ Total Monthly Expenses: \$ _____

Financial Statement Notes:

Cash available for investment in this business: \$ _____

Are additional funds available to you? _____

Explain: _____

Do you plan to have a partner/investor? _____ Name of partner/investor: _____

If so, how involved will they be? _____

IV. BACKGROUND INFORMATION

Have you or your spouse ever been involved in a personal or business bankruptcy? _____

Are you or your spouse part of any criminal investigation at this time? _____

Have you or your spouse ever been convicted of any crime? _____

Are there currently any civil judgments against you or your spouse? _____

Are there currently any civil suits pending against you or your spouse? _____

*FCI may require verification of this information prior to awarding a franchise

V. FUTURE PLANS

Are you seeking an individual franchise or multiple units (#)? _____

Area preferred (City, State): 1) _____ 2) _____ 3) _____

4) _____ 5) _____

When would you like your first franchise to open? _____

What are your reasons for going into your own business?

1) _____

2) _____

3) _____

What are some of the major questions you have concerning owning your own business?

1) _____

2) _____

3) _____

What skills and experience do you have that would give you the ability to be a success in this business? _____

Comments: _____

Do you know anyone who may be interested in the Tastings opportunity?

Name _____ City _____ Phone _____

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. FCI and/or Tastings is hereby authorized to investigate my background as it pertains to qualification, business considerations, and status. This may include investigations of employment, personal and professional references, education, and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and companies from any liability or damages from having furnished such information.

To verify records please provide the following information:

Applicant's Name (please print) First: _____ MI: _____ Last: _____

Spouse's Name (please print) First: _____ MI: _____ Last: _____

Please Sign: Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Submit your completed Confidential Application to: Fax # 941-351-6217 or mail To:

FRANCHISE CONSULTANTS, INC.

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