



A concept of G Mask Private Limited

FRANCHISE APPLICATION

Please return to:
Attn: Franchise Department
Gmask USA, LLC
4632 S. Maryland Parkway, Suite 19
Las Vegas, Nevada 89119
702.870.7888 tel
702.438.7888 fax
Email: franchise@gmaskonline.com
www.gmaskonline.com
v. 071108

Thank you for your interest in the Gmask™ concept. Please complete this franchise application form and mail/fax/email it to us. Once we have received it, we will contact you for further discussions. All the information provided by you will be kept strictly confidential. Please note that the submission of this application form does not obligate you or us to purchase or sell a franchise respectively.

CONTACT INFORMATION

Name of Applicant(s) _____

Application Type: Sole Proprietorship Partnership
 Limited Liability Company Corporation (Specify State) _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Cell: _____

Email: _____ Social Security #: _____

PERSONAL INFORMATION

Applicant A

Date of birth	Place of birth	Marital Status	Citizenship
Have you ever been convicted of a felony? Yes/No If YES, please explain:			

Highest Academic / Professional Qualifications	Place of Study

Recent Employment History			
Year(s)	Employer	Job Title	Responsibilities

Do you have any prior experience in running your own business? Yes / No
 If YES, please provide details including the nature of business, period of operation and reasons for termination.

Applicant B

Date of birth	Place of birth	Marital Status	Citizenship
Have you ever been convicted of a felony? Yes/No If YES, please explain:			

Highest Academic / Professional Qualifications	Place of Study

Recent Employment History			
Year(s)	Employer	Job Title	Responsibilities

Do you have any prior experience in running your own business? Yes / No
 If YES, please provide details including the nature of business, period of operation and reasons for termination.

COMPANY INFORMATION (if applicable)

Name of Company: _____

DBA Trade Name: _____

Federal ID#: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

State of Incorporation: _____

Year of Incorporation: _____

Business Description: _____

Top 3 Company Shareholders		
Name	% Shares	Responsibilities

Please list any subsidiaries: _____

FRANCHISE INFORMATION

1. Amount of funds available to invest in Gmask: \$ _____

2. Main source(s) of funds _____

3. Which type of franchise are you interested in and where:

Single Unit Franchise City / Mall: _____

Multiple Unit Franchise City: _____

Area Master Franchise Area: _____

4. Have you identified a location suitable for the franchise? Yes / No

4a. Do you currently have a location secured for the franchise? Yes / No

If YES, please provide the following information:

Location : _____ Floor Area: _____

Monthly Rent: \$ _____ Lease Expiration: _____

5. Do you have any experience in the retail business? Yes / No

If YES, please provide the following information:

Description of business: _____

Roles and responsibilities: _____

Location(s): _____

Duration: _____

6. How familiar are you with franchising?

Very Somewhat Little Not at all

7. Have you operated a franchise business before? Yes / No

If YES, please provide the following information:

Franchise name: _____

Nature of business: _____

Period of operation: _____

Reason for termination / renewal: _____

8. What are your reasons for wanting the franchise? _____

9. How soon can you start operating the franchise? (MM/YY) _____

10. Please share with us any information you may have (pertaining to your intended area of operation) on existing and potential competitors, on both popular and unpopular retail concepts and on local consumer preferences.

11. Where did you hear about Gmask? _____

DECLARATION

I declare that all information provided herewith is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information may affect the outcome of this application and subsequently render it null and void.

I declare that I am not bankrupt nor are there any bankruptcy proceedings against me or any of my holdings. There are also no outstanding judgments or court cases pending against me or any of my holdings. I hereby authorize Gmask USA, LLC to verify all information on this application by contacting the sources listed herein or any other sources available.

Signature

Date

Print Name

Title

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