



ONLINE FORM

This application does not obligate either party. This information is being supplied for the purpose of beginning the application process for a Lapels® Franchise and receiving proprietary information regarding the Lapels® Franchise Program. The information contained in this questionnaire will be held in the strictest confidence.

Confidential Questionnaire and Franchise Application

PERSONAL INFORMATION (Please print clearly)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Work Phone: _____ O.K. to call? _____

Cell / Other Phone: _____ Email: _____

Marital Status: _____ Spouse's Name: _____

GENERAL INFORMATION

If your application is approved, when will you be available to start the business? _____

Do you plan to be involved in the daily operation of this business? Yes No How much time will you devote? _____

PROGRAMS <input checked="" type="checkbox"/> the program(s) you are interested in	AREA OF INTEREST (specify desired location)		
FULL PLANT:		First Choice:	
RETAIL STORE:		Second Choice:	
EXPRESS ROUTE:		Third Choice:	

Are you currently involved in any lawsuit or legal action either as plaintiff or defendant? Yes No If yes, explain: _____

Have you ever been part of any previous or current bankruptcy filings? Yes No If yes, explain: _____

FINANCIAL INFORMATION

What do you currently do for work?

Present Annual Salary?

What does your spouse / partner do for work?

Present Annual Salary?

How much liquid capital do you have to invest? (cash, stocks/bonds, 401k, IRA, etc.)

The initial investment for each program can be between:

EXPRESS ROUTE: **\$36,678 – 48,283**

DROP STORE: **\$64,940 – 86,644**

FULL PLANT: **\$247,663 and \$299,858**

How do you plan to meet this obligation?

Do you have sufficient income from other sources or adequate capital to maintain your present standard of living until your new business can support itself and replace your prior income? If so, for how long?

REQUEST FOR CONFIDENTIAL INFORMATION

I _____, hereby request information concerning your unique franchise system known as Lapels® Dry Cleaning. In so doing, I recognize and acknowledge that the information I may learn represents trade secrets which are solely the property of your company. I agree that I will not disclose or use the knowledge gained from your company regarding the trade secrets, other proprietary information and the merchandising practices of your business, nor the contents of your products and service for my personal benefit, nor for the benefit of others without your express written consent.

Print Name:

Date:

Signature:

Address to Send Proprietary Information To (no P.O. Boxes):

City:

State:

Zip:

Phone # at Delivery Address:

Further, I certify that all of the information contained in this questionnaire is true to the best of my knowledge.

PLEASE COMPLETE THIS ENTIRE FORM AND RETURN VIA MAIL OR FAX – 781-829-9546
