

**Good Mood LLC** : University City Road, Sharjah, U.A.E. Tel: 00971 505009393 Fax: 0097165353125  
E-mail: [info@goodmoodrestaurants.com](mailto:info@goodmoodrestaurants.com) WebSite: [www.goodmoodrestaurants.com](http://www.goodmoodrestaurants.com)

## Good Mood Franchise Application form

We appreciate your interest in Good Mood Restaurant. In order to properly evaluate your application, kindly complete the below forms, sign, attach any additional information such as résumé or letters of recommendation... and return to Good Mood LLC. All information will be treated as confidential and does not obligate neither party.

**Date :**

**I am interested in:**

Single Location  Multiple Locations  Free Standing Unit  Food Court Unit

Other Specify

**Franchise will be :**

Individual  A Partnership  A Corporation

All Individuals and partnership fill out sections A, B, C, F & G  
section D, E, F & G

All corporations fill out

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### Section A : Individual Biographical Data

Name  Date of Birth  Nationality

Address 1

Address 2

Home Tel  Home Fax  Mobile No.

Education

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## Section B : Employment History

Self Employed    Company Name     Position     Since

Employed By    Company Name     Position     Since

Address 1

Address 2

Work Tel     Work Fax     Mobile No.

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## Section C. Financial Information

Current Salary / Year     Other Income / year     Specify

Total Assets     Total Liabilities     Total Net Worth

Do You ?  Own a House    Current Value     Mortgage   
 Rent

Do you have a financing source?  No  Yes Specify

If qualified, when would you be ready to invest in a franchise?

Date  Total Cash Available for Investment

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### Section D. Corporate Biographical Data

Company  Registration #  Financial #

Contact Name  Title  Direct Line

Address

Work Tel.  Work Fax  Mobile #

Date of Incorporation  Years in Business  State of Incorporation

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### Section E : Corporate Officers

Name  Title  % of Ownership

Name  Title  % of Ownership

Name  Title  % of Ownership

Name  Title  % of Ownership

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### Section F . Development Data

Market areas preferred: 1  2  3

Who will be responsible for the daily operations of the business?

Please list operator's experience : Operator's Name

Company Name  Position  # of years

Company Name  Position  # of years

Are you currently involved with any restaurant franchise(s)?  No  Yes

List Brands and Types of Food Served

Brand Name  Type of Food

Brand Name  Type of Food

Brand Name  Type of Food

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### Section G. Background Information

Have you ever been convicted of a felony?  No  Yes

\* If yes, please provide detailed information below as to the nature of the conviction, including the date and place where the conviction was rendered.

Please note that the following documents ARE REQUIRED for an applications package to be considered complete :

1. Completed Application (Failure to answer applicable questions will delay action)
  2. Audited Financial Information including balance sheets, income statements, cash flow analysis (Corporations only)
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## Section H. Statement of Certification

I certify that the information contained in this application is true and complete. You are authorized to make an investigative report including any inquiries that you deem necessary to verify the accuracy of the information and to determine my credit worthiness. All information will be kept confidential.

Name & Signature

Date

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