



## Drive Kindness, LLC Franchise Application

### Personal Data

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Are you a United States Citizen?  Yes  No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Are you currently employed?  Yes  No

If 'No', how long have you been out of work? \_\_\_\_\_

If 'Yes', current employer information \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
Company Name City State

Have you or your business ever been subject to a tax lien? If yes, please explain

Are you current on your tax obligations?  Yes  No

Have you ever declared bankruptcy? If so, please explain: \_\_\_\_\_

Are you currently a party to any pending legal action or ever have been in the past?  Yes  No

Please explain: \_\_\_\_\_

### PREVIOUS EMPLOYERS

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Position held \_\_\_\_\_

### GENERAL EDUCATION

Please check the highest grade completed.

Grades 1 – 12

College

Post-Graduate

## Business Experience and Data

How did you learn about Drive Kindness, LLC.?

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Will other investors/associates join you in this venture?  Yes  No

If yes, will your equity partners be active?  Yes  No

Do you plan to devote yourself full time to this venture?  Yes  No

If you checked 'Yes', please have each partner fill out an application form.

Name	Address	% Ownership	% Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Will this franchise business be your sole source of income?  Yes  No

What is your location preference for this franchise (County, State) ?

First choice \_\_\_\_\_ Second choice \_\_\_\_\_

Would you be willing to consider other areas?  Yes  No Where? \_\_\_\_\_

Do you currently own any franchise concepts?  Yes  No

If so, list:

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Do you have restaurant operation and/or management experience?  Yes  No

If so, please describe:

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## Confidential Net Worth Statement

Please omit cents, dollar signs, periods and commas when filling out the form online.

ASSETS	(omit cents)	LIABILITIES	(omit cents)
CASH IN THE FOLLOWING BANKS (Itemize-list on reverse side if necessary)		NOTES PAYABLE TO BANKS (Itemize-list on reverse side if necessary)	
		1. Due To:	
		Collateral:	
		2. Due To:	
		Collateral:	
NOTES DUE TO ME (Totals only – List details on reverse side)		3. Due To:	
Secured by Real Estate:		Collateral:	
Secured by Other Collateral		OTHER NOTES PAYABLE – SECURED	
Unsecured (Collectible)		1. Due To:	
OTHER AMOUNTS OWED TO ME		Collateral:	
Professional Accounts Receivable		2. Due To:	
Other Collectible Amounts		Collateral:	
STOCK and BONDS		OTHER NOTES PAYABLE - UNSECURED	
(Totals only – List details on reverse side)		Due To:	
Marketable Stocks		Due To:	
Other Stocks		TAXES OWING: Income Taxes:	
Savings Bonds		Other Taxes:	
Other U.S. Government Obligations		LIFE INSURANCE POLICY LOANS	
Other Bonds		DUE ON AUTOMOBILES	
CASH SURRENDER VALUE OF LIFE INSURANCE			
AUTOMOBILES		OWING ON REAL ESTATE Lien Holder	
		Due on Homestead	
REAL ESTATE		Due on Other residential Real Estate	
(Totals only – List details on reverse side)		Due on Commercial Real Estate	
Homestead		OTHER LIABILITIES (describe)	
Other Residential Real Estate		Personnel Bills	
Commercial Real Estate			
Rural Real Estate			
OTHER ASSETS (describe)			

ANNUAL SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary and/or Fees		Guarantor Obligations	
Bonus and Commissions		Legal Claims	
Dividends and Interest		Endorser or Co-Maker Obligations	
Real Estate Income		Leases or Contracts	
Business, Profession or Royalty Income		Liens or Special Debt	
Other Income (Itemize and enter total here)		Provision for Federal or Other Taxes	
		Other Liabilities (Alimony, Child Support, Maintenance, etc.)	

<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH (Total Assets Less Total Liabilities)</b>	

## References

Name /Company	Address	Phone	Years Known
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Please feel free to attach any information about yourself which you feel will help us know you better as a person.**

I hereby certify that all information supplied in this Franchisee Application and all financial statements submitted by me are true and correct, and no fact or information is omitted which might make the information furnished misleading or incomplete. I understand that Drive Kindness, LLC., ("Drive Kindness, LLC.") will rely upon the information provided by me in determining whether to grant me a franchise.

I hereby certify that I have no past or present involvement in any terrorist activities and no involvement with any persons, entities or organizations that have been identified as terrorists or terrorist organizations by the U.S. government.

I hereby authorize Drive Kindness, LLC. and its agents and representatives to verify all information provided by me and I authorize all credit agencies, educational institutions, corporations, current and former employees, law enforcement and government agencies, city, state, county, and federal courts, military services and persons to release any information they may have about me to Drive Kindness, LLC.. and its agents and representatives. I hold Drive Kindness, LLC., harmless for any damages arising from the verification of the information provided herein, and I release Drive Kindness, LLC. and its agents/representatives and any person or entity which provides information to them pursuant to or in connection with this Franchisee Evaluation Form, from any and all liabilities, claims or lawsuits related to or arising directly or indirectly from this Franchisee Evaluation Form and any action taken to investigate the information provided by me.

I understand that submission of this information does not obligate either of the parties to purchase or sell a franchise and that the decision whether to grant a franchise is solely within the discretion of Drive Kindness, LLC.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please complete, sign, and return this form to:

**DRIVE KINDNESS, LLC.  
2301Alhambra Circle  
Coral Gables, FL 33134  
Via email to Rene@drive-kindness.com**

**Our Franchise Disclosure Document (FDD) is available in more than one format. In addition to being available in hard copy, we can send you an electronic copy of the FDD in the form of a PDF document. In order to receive and access the PDF version, you will need an active e-mail account and a computer equipped with e-mail software and a printer in order to view and print the FDD. If you would like to receive the FDD in electronic format or have any questions please contact Rene Prats at 305-206-9130 or via email at Rene@drive-kindness.com.**