



---

---

---

Failure to answer any question may delay action.

# Franchise Application

NOTE: This is not an offer to sell a franchise. Franchise offers are made by FDD only. Top Pot is not presently offering franchises in the states of California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington, and Wisconsin.

## Important

The filing of this application does NOT obligate the applicant to become a Franchise of Doughnut Corporation of America nor does it obligate us to offer you a Franchise. Each partner or shareholder must complete this application.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

U.S. Citizen  Yes  No

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

## Business Experience

Self Employed     Employed By \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Position \_\_\_\_\_

How long have you held this position? \_\_\_\_\_

Previous Experience Summary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Personal Information

Income from present occupation \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_  Own Home  Rent

Estimated net worth \$ \_\_\_\_\_

Estimated cash available for investment \$ \_\_\_\_\_

## Financial Data

Do you have a financial source? \_\_\_\_\_

Letter of credit? \_\_\_\_\_

Lending institution name \_\_\_\_\_

### Personal Bank(s)

Bank name \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

## Operational Plan

Do you intend to operate the business yourself?     Yes     No

If not, do you have an operator in mind?     Yes     No

Please list any franchises that you have been involved in

---

---

---

---

# Confidential Financial Statement

The following statement of financial condition is accurate as of \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) and submitted for the purpose of acquiring a Top Pot Doughnuts Franchise.

Round amounts to the nearest Hundred, and write "NO" or "NONE" where necessary to complete the application.

<b>Assets</b>	<b>\$</b>
Cash on hand and unrestricted in Banks	\$
U.S. Government Securities	\$
Accounts and Loans Receivable	\$
Notes Receivable, Not Discounted	\$
Notes Receivable, Discounted with banks, finance companies, etc.	\$
Life Insurance, Cash Surrender Value (Do not deduct loans)	\$
Other Stocks and Bonds	\$
Real Estate	\$
Automobiles registered in own name	\$
Other Assets (Itemize)	\$
_____	\$
_____	\$
_____	\$
<b>Total Assets</b>	<b>\$</b>

<b>Liabilities and Net Worth</b>		<b>\$</b>
Notes Payable to Banks. Unsecured Direct borrowings only		\$
Notes Payable to Banks. Secured Direct Borrowing		\$
Notes Receivable, Discounted with banks, finance companies, etc.		\$
Notes Payable to Others, Unsecured		\$
Notes Payable to Others, Secured		\$
Loans against Life Insurance		\$
Accounts Payable		\$
Interest Payable		\$
Taxes and Assessments Payable		\$
Mortgage Payable on Real Estate		\$
Other Liabilities (Itemize)		\$
		\$
		\$
		\$
<b>Net Worth</b>		<b>\$</b>
<b>Total Liabilities &amp; Net worth</b>		<b>\$</b>

Do you have any contingent liabilities? If so, please itemize

---

---

Are any of your assets pledged? \_\_\_\_\_

Are you a defendant in any suits or legal actions? \_\_\_\_\_

---

Have you ever taken bankruptcy? \_\_\_\_\_

### Accounts, Loans and Notes Receivable (A list of largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Debt	Description of Security	Payment Date

## Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

## Real Estate

The legal equitable title to all the real estate listed in this statement is solely in the name of the under - signed, except as follows:

Description or Street No.	Mortgages or Liens	Amount of payments & Due Dates	Assessed Value	Present Market Value	Unpaid Taxes	
					Year	Amt

In submitting the foregoing application and statement undersigned guarantees its accuracy with the intent that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he or she has not knowingly withheld any information that might effect his or her credit risk, and the undersigned expressly agrees to notify TOP POT LLC. immediately in writing of any material change in his or her financial condition whether application for further review is made or not, and in the absence of such written notice, it is expressly agreed that TOP POT LLC. in granting a franchise or credit may rely on this statement having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

**The acceptance of this Franchise Application by TOP POT LLC. should not be considered a grant of a franchise. We grant franchises only by executing a written franchise agreement.**

Consistent with the USA PATRIOT Act and other related anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities, as further described at the internet web site [www.usa.treas.gov/office/enforcement/ofac](http://www.usa.treas.gov/office/enforcement/ofac). I agree to comply with or to assist TOP POT LLC. to the fullest extent possible in TOP POT LLC. efforts to comply with the above law. As part of the application and approval process, I understand that certain background investigations may be conducted. I authorize TOP POT LLC. or its agents to obtain a Consumer Report on me. This report may include information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications, personal driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civic history/records and any other public record. This report may be compiled with information obtained from credit bureaus, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other sources. Law enforcement and other government agencies are authorized to release to TOP POT LLC. or its agents, any existing personal information regarding myself relative to the conviction or arrest for any criminal act. In addition, I authorize all appropriate individuals, companies, institutions or agencies to release information TOP POT LLC. deems necessary to complete the the investigative consumer report.

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Full Legal Name: (Print)

---

First

Middle

Last

/ /

---

Date

---

Signature

Please complete the entire application. Fax or Scan and email to:

Email: [franchise@toppotdoughnuts.com](mailto:franchise@toppotdoughnuts.com)

Fax: (206) 443-7732