vital steps
building strong women

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416.785.8828
inquiry@vitalsteps.com

Vital Steps Franchise Application

Date: _____

The following information is the basis for my franchise application. The submission of this application does not obligate VITAL STEPS FRANCHISING, LLC ("Vital Steps") or myself in any way or manner. If spouse or any other will be a co-owner, please make a copy of this form and fill out a separate application. (Please print or type all information requested. Additional paper should be attached if needed.)

Name: _____
First Last Middle Nickname

Address: _____ City _____

State/ Province _____ County _____ Postal/Zip Code _____

Social Security No.: _____ Social Insurance No.: _____

Residence Tel.: _____ Cell: _____

Best Time to call: ☐ am ☐ pm

PERSONAL INFORMATION

Date of Birth: _____ Marital Status: ☐ Sep/Single ☐ M ☐ D

Spouse's Name: _____ Spouse's Occupation: _____

No. of Dependents: _____ Age of Dependents: _____

Home: ☐ Own ☐ Rent ☐ How long? Last former residence: _____

Total Assets: _____ Total Liabilities: _____

Have you ever been convicted of a felony or misdemeanour or are such charges pending, being appealed, or are you under indictment? *(Do not include minor traffic violations.)* ☐ Yes ☐ No

Have you ever been adjudicated bankrupt? ☐ Yes ☐ No

BUSINESS EXPERIENCE – PRESENT EMPLOYMENT

Company: _____ Position: _____

Address: _____ Employed from: _____ to _____

Annual Salary: _____

Contact Name: _____ Telephone No.: _____

EDUCATION

State your educational experience, including name and location of schools, years completed and degrees earned.

_____

_____

BUSINESS INTEREST

To what extent will you be actively involved in the day-to-day operations of the Vital Steps fitness business? _____

What percent of the equity of this business will you own? _____ %

What amount of cash will you personally invest in this franchise? $ _____

What is the source of these funds? _____

Who will be the Operating Partner (or Managing Owner, if applicable)? _____

Percentage of Ownership: _____ %

What are your territory preferences? _____

Will you have a business partner(s) ☐ Yes ☐ No

Are you willing to relocate? ☐ Yes ☐ No

How soon would you like to start? ☐ Immediately ☐ within 3 months ☐ 3-6 months

Note:

- You must review Vital Steps in its entirety the Uniform Franchise Offering Circular for a description of Vital Steps requirements for ownership and operation of the studio.
- Separate application and financial statements are required of each partner/owner.
- The undersigned certifies that the information furnished in this Vital Steps Franchise Application is true, correct and complete. I also authorize Vital Steps to make any additional credit/character checks which it deems necessary, and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested.

Dated this _____ day of _____, 20

Name: _____ Signature: _____