

# New Franchisee Application

Liberty Pest Management Services, Inc.



## Application Form

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes any actual or implied obligation on the part of Liberty Pest Management Services, Inc. or the applicant. We encourage you to share any relevant information and include/attach anything that you find will make your candidacy stand out as a potential franchisee. We want the very best and most dedicated people to be a part of the Liberty Pest Management Services franchise system. If you are planning to have a business partner or investor, he/she should complete a separate application form and hand it in along with yours. Thank you again for your interest in Liberty Pest Management Services!

**Please fill out this form and then E-mail, Mail, Fax or deliver to:**

Liberty Pest Management Services Franchising, LLC  
109 Ambersweet Way, Suite #244  
Davenport, FL 33897  
Telephone: (732) 618-8988  
Fax: (732) 365-2739  
E-mail: info@not1bug.com

## About Yourself

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Full Name: \_\_\_\_\_

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Home Address: \_\_\_\_\_

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City

State:

Zip Code: \_\_\_\_\_

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Previous Address *(If at current address less than 3 years):*

Home Phone: \_\_\_\_\_ May we contact you here? Yes No

Bus. Phone: \_\_\_\_\_ May we contact you here? Yes No

Bus. Fax: \_\_\_\_\_ May we contact you here? Yes No

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_ SSN: \_\_\_\_\_

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Name of last educational institution attended: \_\_\_\_\_

Degree/Diploma received: \_\_\_\_\_

Will there be any other active partners in this business? Yes No

Name of Partner 1: \_\_\_\_\_

Name of Partner 2: \_\_\_\_\_

Name of Partner 3: \_\_\_\_\_

**PLEASE NOTE:** *If you do have a partner/s, a separate application form will be needed to be submitted for each partner*

How did you become interested in Liberty Pest Management Services franchise?

You've done business with Liberty Pest Management Services

Existing franchisee *(Specify name/location)* \_\_\_\_\_

Other *(Please Specify)* \_\_\_\_\_

## Employment History

### Present Employer

May we contact your present employer?    Yes    No

Employed (*dates*):    From: \_\_\_\_\_

To: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

### Previous Employer 1

May we contact your previous employer?    Yes    No

Employed (*dates*):    From: \_\_\_\_\_

To: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Previous Employer 2

May we contact your previous employer?    Yes    No

Employed (*dates*):    From: \_\_\_\_\_

To: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

### Other Information

Have you ever been self employed?    Yes    No

If yes, what type of business? \_\_\_\_\_

Have you or any company you have owned declared bankruptcy?    Yes    No

Have you ever been involved in any type of civil litigation or criminal offence?    Yes    No

If yes for either of the above 2 questions, please provide details:

From a business perspective, what would you say are your greatest:

Strengths? \_\_\_\_\_

Weaknesses? \_\_\_\_\_

List any hobbies, community activities or special interests:

## Your Interests and Commitment

Please specify which geographic areas you are interested in by order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are your expectations by owning a Liberty Pest Management Services franchise?

What annual income after expenses do you hope to generate from your business? \_\_\_\_\_

How much time will you spend at your franchise? Full time \_\_\_\_\_ Part time \_\_\_\_\_ (*specify hours*)

If you have partners in the business, will they be active in the day-to-day operations? Yes No

Will friends, family or associates be helping you? Yes No

If so, who are they? \_\_\_\_\_

How will they help? \_\_\_\_\_

## Your Abilities

Why do you think you will succeed as a Liberty Pest Management Services franchisee?

Why are you interested in a Liberty Pest Management Services franchise?

Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business?

Please provide an example where you have hired, trained and/or motivated staff or why you believe you will be a strong manager of people.

## Financials

(All information provided is strictly confidential and will be treated as such)

Assets		Liabilities	
Cash	_____	Bank Loan ( <i>car, line of credit, etc.</i> )	_____
Securities	_____	Notes payable	_____
Stocks/Bonds	_____	Home mortgage	_____
Notes and Loans Receivables	_____	Credit card balance	_____
Home ( <i>market value</i> )	_____	Other real estate loans	_____
Other real estate	_____	Other Liabilities	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other assets ( <i>please specify</i> )	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Value of business ( <i>if self-employed</i> )	_____	_____	_____
<b>TOTAL ASSETS</b>	_____	<b>TOTAL LIABILITIES</b>	_____

**Credit card(s) or margin of credit held and limit(s):**

Credit 1 _____	Limit: _____
Credit 2 _____	Limit: _____
Credit 3 _____	Limit: _____

Current Net Monthly Income		Current Net Monthly Expenses	
Salary	_____	Rent/Mortgage	_____
Spouse's salary	_____	Utilities	_____
Other income	_____	Car Expenses	_____
_____	_____	Other	_____
_____	_____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	_____	<b>TOTAL MONTHLY EXPENSES</b>	_____

Which specific assets do you intend to use to meet the cash requirements?

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

### Other Comments:

**Financial References:**

Name 1: \_\_\_\_\_

Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_

Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Other References:**

Name 1: \_\_\_\_\_

Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_

Telephone: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Comments:**

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Liberty Pest Management Services, Inc. or its affiliates of agents to conduct any necessary credit and/or background checks. I understand that any false information or consequential omission contained in this application would be cause for immediate terminations of any subsequent agreement reached between myself and Liberty Pest Management Services, Inc..

The submission of this application does not obligate me or Liberty Pest Management Services, Inc. in any way or manner.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name



## Confidentiality and Non-Disclosure Agreement

Liberty Pest Management Services, Inc. agrees to provide to the undersigned applicant pertinent confidential and proprietary documents and information relating to Liberty Pest Management Services.

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluating a Liberty Pest Management Services franchise opportunity. The undersigned further agrees this information shall only be made available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein.

In the event that it is determined that there is no interest in pursuing a Liberty Pest Management Services franchise, all documents and information provided shall be returned to Liberty Pest Management Services.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_