



## FRANCHISE APPLICATION

The undersigned (“Applicant”) does hereby apply for a franchise for the operation of a BURNEY’S SWEETS & MORE business (the “Business”) to be located in the following general area: \_\_\_\_\_ (the “Business Area”).

Applicant acknowledges and agrees that nothing in this application shall be deemed to be a grant from DMG BURNEY INC. (“DMG”) of any right whatsoever to the Applicant with respect to a franchise for the Business.

Applicant represents and warrants that the information contained in the attached Franchise Application Form is true and correct and fairly reflects Applicant’s financial position as of the date hereof.

Applicant may withdraw this application at any time upon written notice to DMG. Applicant understands that DMG has the right to deny this application for any reason whatsoever, including without limitation:

1. If DMG determines that the financial information provided by Applicant is not true and correct or does not fairly reflect the financial condition of the Applicant; or
2. If DMG determines for whatever reason that the awarding of a franchise for the Business would not be in the best interest of the Applicant or DMG.

Applicant agrees that DMG will have no liability for any denial of this application.

If and when DMG approves the Applicant, DMG will offer Applicant a franchise to operate the Business in the Business Area by delivering its then current form of franchise agreement, together with all standard ancillary documents (including exhibits, riders, guarantees and other related documents) that it then customarily uses in granting franchises for the operation of a BURNEY’S SWEETS & MORE business in the state in which the Business Area is located. The franchise agreement and ancillary documents must be duly executed and returned by Applicant not later than 60 days before the date the Business is to open, with payment of the initial franchise fee required thereunder. If DMG does not receive, on a timely basis, the fully executed franchise agreement and ancillary documents and payment of the required initial franchise fee, when due, DMG may revoke its offer to grant a franchise to operate the Business.

This application does not confer any rights relating to DMG's trademarks or service marks. Any proprietary or confidential information provided by DMG to the Applicant is solely for the purpose of Applicant's evaluating a BURNEY'S SWEETS & MORE franchise. Applicant acknowledges that any rights to use such proprietary or confidential information may be derived only pursuant to an executed franchise agreement, and that unauthorized disclosure, transfer or use, either direct or indirect, of such information by the Applicant would constitute an infringement of DMG's rights thereto and result in irreparable injury to DMG for which there is no adequate remedy at law.

This Acknowledgment was signed and delivered to DMG on \_\_\_\_\_, 20\_\_.

APPLICANT:

SIGNATURE FOR INDIVIDUAL APPLICANT(S):

X\_\_\_\_\_ X\_\_\_\_\_

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

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

SIGNATURE FOR CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER ENTITY:

Applicant Name: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

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

Title or Capacity: \_\_\_\_\_

After executing this Acknowledgment, please complete the attached Franchise Application and forward the entire original package via fax or mail to:

DMG BURNEY INC.  
Attention: Franchise Development  
P.O. Box 1450  
Elizabethtown, NC 28337  
(910) 862-2099

(Please print)

**PERSONAL DATA**

Name (first, middle, last)		Social Security #	
Home address		Years at address	
City ( )	State	Zip code ( )	( )
Home phone ( )	Business phone	Cell phone / pager	
Fax number	E-mail		
Date of birth	Place of birth		
Marital status occupation	Spouse's name	Spouse's	
Previous address		Years at address	
City	State	Zip code	

**EDUCATION**

Name of schools, colleges, and universities attended
Degree(s)
Additional training in management, sales, retail

**BUSINESS ENTITY INFORMATION**

Please indicate one of the following:

Existing entity     New entity to be formed

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Please indicate one of the following:

Sole Proprietorship     Partnership     Limited Partnership     Limited Liability Company     Corporation

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Name of business entity:

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State of formation:

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Date of legal existence:

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Primary business performed by business entity:

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Name of owner(s), partner(s) or member(s) and percentage ownership:

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1. Percentage of Ownership: \_\_\_\_\_ %  
 2. Percentage of Ownership: \_\_\_\_\_ %  
 3. Percentage of Ownership: \_\_\_\_\_ %  
 4. Percentage of Ownership: \_\_\_\_\_ %  
 5. Percentage of Ownership: \_\_\_\_\_ %

**BUSINESS DATA**

Do you have experience in operating a retail business? Yes  No  If yes, please explain \_\_\_\_\_

Who will run day-to-day operations? Me  other  If other, explain \_\_\_\_\_

Have you (and, if applicable, any partners, officers, directors, or shareholders) been subject to or convicted of any administrative, criminal, or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property, or comparable allegations?  
 Yes  No  If yes, please explain fully on separate sheet.

Have you (and, if applicable, any partners, officers, directors, or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in a partnership that was adjudged bankrupt or reorganized due to insolvency?  
 Yes  No  If yes, please explain fully on a separate sheet.

**GENERAL INFORMATION**

Will your franchise investment come from your own capital? Yes  No

Are you willing to relocate? Yes  No

When do you plan to open your first BURNEY’S SWEETS & MORE business?  
 \_\_\_\_\_

How did you learn about BURNEY’S SWEETS & MORE? \_\_\_\_\_

**GEOGRAPHICAL AREA(S) OF INTEREST**

First choice:  
 \_\_\_\_\_  
 City County State  
 Second Choice:  
 \_\_\_\_\_  
 City County State  
 Third Choice:  
 \_\_\_\_\_

\_\_\_\_\_  
City County State

**BUSINESS REFERENCES (provide at least three)**

\_\_\_\_\_  
1. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
2. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
3. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

**PERSONAL REFERENCES (provide at least three)**

\_\_\_\_\_  
1. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
2. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
3. Name Address

\_\_\_\_\_  
City State Zip code  
( )

\_\_\_\_\_  
Phone

Are you a U.S. citizen? Yes  No  If not, what country? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION – Applications must be signed to be processed.**

I hereby attest to the accuracy of the financial statements contained in this confidential BURNEY'S SWEETS & MORE application. I authorize DMG or its agents to verify the data submitted, to obtain a consumer credit report, and to make such additional credit, background, or character confirmations it deems necessary. I further allow DMG and its agents to contact past and present employers, schools, financial and law enforcement agencies, and any other person or source for the purpose of obtaining information about my finances, character, employment, skills, and criminal and credit history. I release all such sources and their agents and employees from all liability for providing this information.

I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original. I authorize DMG to release to prospective financing sources any information concerning me that may be requested by them.

DMG agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a BURNEY'S SWEETS & MORE franchise.

This Application was signed and delivered to DMG on \_\_\_\_\_, 20\_\_.

*APPLICANT:*

*SIGNATURE FOR INDIVIDUAL APPLICANT(S):*

X \_\_\_\_\_ X \_\_\_\_\_

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

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

*SIGNATURE FOR CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER ENTITY:*

*Applicant Name:* \_\_\_\_\_

*By:* \_\_\_\_\_  
*(Signature)*

*Name:* \_\_\_\_\_

*Title or Capacity:* \_\_\_\_\_