



SENIOR CARE SERVICES

America's Trusted Choice

Confidential Franchise Application

We welcome your interest in a Heavenly Touch franchise opportunity. To determine if you qualify for a Heavenly Touch franchise, complete this application and return it to our corporate office at 919 E. Cherry St. Suite B, Canal Fulton, Ohio 44614. You may also fax your completed form to us at (330) 854-9299. The completion of this form does not obligate you, nor does it constitute an offer of a franchise by Heavenly Touch Franchising Corp. This is not a contract, and all information contained herein shall be considered confidential. Heavenly Touch Franchising Corp. may, at its own discretion, conduct a credit check and / or verify all references submitted.

Personal Information *(please type or print)*

<i>Last name</i>		<i>First</i>		
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>How long at this address?</i>
<i>Home phone</i>	<i>Cell phone</i>	<i>Email address</i>		
<i>Date of birth</i>	<i>Are you a U.S citizen?</i>	<i>Marital Status</i>	<i>Spouse's name</i>	

Education

<i>Last year of school completed</i>	<i>Name / type of school</i>
<i>Describe any training in sales, management or service industry</i>	

Employment Information

<i>Present employer</i>	<i>Position</i>	<i>Salary</i>	<i>Duties</i>
<i>Street Address</i>	<i>City</i>	<i>State / Zip</i>	<i>Date started</i>
<i>Previous employer</i>	<i>Position</i>	<i>Salary</i>	<i>Duties</i>
<i>Street Address</i>	<i>City</i>	<i>State / Zip</i>	<i>Date started</i>

General Questions

Will you be owner-operator or investor? _____ *How did you hear about us?* _____

How soon will you be available to open the business? _____ *Will you have a partner (other than a spouse)?* Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ *If yes, explain* _____

Have you ever been self employed? Yes ____ No ____ *If yes, explain* _____

Why are you considering a senior care / cleaning service franchise? _____

What source of funds do you plan to use to open this business?

\$ _____ Available cash _____

\$ _____ From _____

\$ _____ From _____

Do you plan to make Heavenly Touch your full time job? _____

What personal characteristics do you feel will help you in owning / running a business? _____

Heavenly Touch - Franchise Location Questionnaire

Where would you like to open Heavenly Touch? 1st _____

2nd _____

Do you have a specific location in mind? If so, please provide the address or major cross streets: _____

Please provide a brief description of the location and / or area you have in mind for opening a Heavenly Touch Franchise (e.g., shopping center, small town, drive by / walk by traffic, neighboring stores, etc.). Why do you believe there is opportunity for a Heavenly Touch Franchise at this location or in your area? _____

Please describe the competitive situation in your area (this may require some research on your part):

Please answer the questions below for each competitor in your local area	Home Instead?	Merry Maids?	The Maids?	Other?
<i>Is there a service within 10 miles of where you would like to be located?</i>				
<i>How long have these services been in business?</i>				
<i>What is your impression of these services? What are they doing right? What are their weaknesses?</i>				

Based on your answers above, what is the opportunity for Heavenly Touch in your market?

Acknowledgment

I acknowledge the information in this application is complete and correct. It is understood that the purpose of this application is for general information and is no way binding upon either Heavenly Touch or the applicant.

Signature: _____

Date: _____

Send this information to Heavenly Touch by mail, email attachment or via fax to:

Mail: Heavenly Touch Franchising Corp.
919 E. Cherry St. Suite B
Canal Fulton, Ohio 44614-9609

Phone: (330) 854-9223
Fax: (330) 854-9299
Email: info@heavenlytouchcare.com