Initial Franchise Application

Thank you for your interest in Health in Your Hands Franchise opportunities. The completion and submission of this form places no continuing obligation on either the company or the applicant. It will provide information we need to discuss further about becoming an Health in Your Hands Franchisee (* marked items are mandatory). If you have any question regarding this form, please contact drkevinlau@hiyh.info.

Personal Information (For all persons involved in ownership of business)

Name*	Date of Birth	Citizenship
Address	City/State	Zip/Postal Code
Phone*	Fax	Email*

Business and Employment History (Feel free to add lines, if necessary)

(Year) From	(Year) To	Organization	Position Held	Salary

Current Employment Status: Full Time: ☐ Part Time: ☐ Casual: ☐ Self-employed: ☐ Unemployed: ☐
Have you ever owned a franchise or your own business? No: ☐ Yes: ☐ (Type of Business: _____)
Have you ever failed in business, filed bankruptcy or compromised with creditors? No: ☐ Yes: ☐
Are you currently or have you ever been involved in any lawsuits? No: ☐ Yes: ☐ (Particulars: _____)
Have you ever been convicted of a crime (except traffic misdemeanors)? No: ☐ Yes: ☐ (Particulars: _____)

Education and Experience (For all parties involved in ownership of business)

Education	Name of School	Major	Graduated	(Last) Year
High School			Yes: ☐ No: ☐	
College / University			Yes: ☐ No: ☐	
Graduate (Master's)			Yes: ☐ No: ☐	
Graduate (PhD)			Yes: ☐ No: ☐	
Others				

Special Skills and/or Experience (resume is preferred):

Business Plan

Please indicate total amount and source of fund allocated to invest in this business*: _____

Please list your preference for locations if granted an Health in Your Hands *:

a)	b)	c)

If granted an Eye Level Franchise, when would you be available to open a location?

Immediately: ☐	Within 3 months: ☐	Within 6 months: ☐	Within 1 year: ☐

Do you intend to work full or part time? Full Time : ☐ Part Time : ☐ (Number of Hours: _____)

Others

How did you learn about Eye Level?

☐ Newspaper	☐ Referral	☐ Online Ad	☐ Search Engine	☐ Others

Comments:

I am submitting this application to obtain further information about the Health in Your Hands *Franchise System. I understand that neither* Health in Your Hands *nor I are under any obligation whatsoever. The undersigned warrants that this information is true and correct.*

Signature*:	Date* :