

# Franchise Application

# GNC

## Franchising, LLC.

From

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

# APPLICATION

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

PERSONAL INFORMATION					
MR./MRS/MS.	LAST NAME	FIRST NAME	MIDDLE	SS#	
DATE OF APPLICATION	BIRTHDATE	AGE	TELEPHONE NUMBER HOME WORK		
CURRENT ADDRESS	CITY	STATE	ZIP	HOW LONG?	
PREVIOUS ADDRESS	CITY	STATE	ZIP	HOW LONG?	
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED	
EMAIL ADDRESS					
COUNTRY OF BIRTH			ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		
FULL NAME OF SPOUSE		DAYTIME TELEPHONE	SPOUSE OCCUPATION		
SPOUSE SOCIAL SECURITY #			BIRTHDATE OF SPOUSE		
NAMES AND AGES OF DEPENDENT CHILDREN					
HOW DID YOU FIRST LEARN ABOUT THE GNC FRANCHISE OPPORTUNITY?					

YOUR PLANS FOR THE FRANCHISED BUSINESS
YOUR PLANS FOR THE FRANCHISED BUSINESS
WILL YOU INVEST IN THE FRANCHISE BUSINESS YOURSELF? OR WITH A PARTNER? EXPLAIN IN DETAIL.
WILL YOU OPERATE THE FRANCHISE BUSINESS YOURSELF? EXPLAIN IN DETAIL.
PARTNER'S NAME, IF APPLICABLE: (NOTE: PARTNER MUST COMPLETE SEPARATE APPLICATION)
TOTAL FUNDS AVAILABLE FOR THE FRANCHISED BUSINESS, AND SOURCE(S) OF FUNDS:
GEOGRAPHIC AREA/ ADDRESS OF STORE FOR WHICH APPLICATION IS MADE:
IF EXISTING STORE, PRICE, IF DETERMINED
OTHER AREAS YOU WOULD CONSIDER:
PLEASE NOTE THAT YOU MUST FURNISH YOUR LAST TWO YEARS' FEDERAL INCOME TAX RETURNS BEFORE YOUR APPLICATION WILL BE PROCESSED.

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

**APPLICANT EDUCATIONAL AND MILITARY BACKGROUND**

HIGH SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	GRADE AVERAGE	HIGHEST LEVEL ACHIEVED	
COLLEGE OR VOCATIONAL SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	MAJOR & MINOR FIELDS	DEGREE EARNED	HIGHEST LEVEL ACHIEVED
GRADUATE SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	DEGREE EARNED		
ADDITIONAL EDUCATION	PLEASE EXPLAIN		
MILITARY EXPERIENCE	COUNTRY AND BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	
	DATES OF SERVICE	DISCHARGE STATUS	

**SPOUSE EDUCATIONAL AND MILITARY BACKGROUND**

HIGH SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	GRADE AVERAGE	HIGHEST LEVEL ACHIEVED	
COLLEGE OR VOCATIONAL SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	MAJOR & MINOR FIELDS	DEGREE EARNED	HIGHEST LEVEL ACHIEVED
GRADUATE SCHOOL	NAME OF SCHOOL	LOCATION	DATES ATTENDED
	DEGREE EARNED		
ADDITIONAL EDUCATION	PLEASE EXPLAIN		
MILITARY EXPERIENCE	COUNTRY AND BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	
	DATES OF SERVICE	DISCHARGE STATUS	





**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

<b>EMPLOYMENT HISTORY</b>			
<b>APPLICANT</b>		<b>SPOUSE</b>	
CURRENT EMPLOYER	TELEPHONE NUMBER	CURRENT EMPLOYER	TELEPHONE NUMBER
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP	
JOB TITLE AND RESPONSIBILITIES		JOB TITLE AND RESPONSIBILITIES	
SUPERVISOR'S NAME AND POSITION		SUPERVISOR'S NAME AND POSITION	
MAY WE CONTACT?		MAY WE CONTACT?	
DATES OF EMPLOYMENT		DATES OF EMPLOYMENT	
FROM	TO	FROM	TO
REASONS FOR LEAVING		REASONS FOR LEAVING	
STARTING SALARY	ENDING SALARY	STARTING SALARY	ENDING SALARY
PREVIOUS EMPLOYER	TELEPHONE NUMBER	PREVIOUS EMPLOYER	TELEPHONE NUMBER
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP	
JOB TITLE AND RESPONSIBILITIES		JOB TITLE AND RESPONSIBILITIES	
SUPERVISOR'S NAME AND POSITION		SUPERVISOR'S NAME AND POSITION	
DATES OF EMPLOYMENT		DATES OF EMPLOYMENT	
REASONS FOR LEAVING		REASONS FOR LEAVING	
STARTING SALARY	ENDING SALARY	STARTING SALARY	ENDING SALARY
PREVIOUS EMPLOYER TELEPHONE NUMBER		PREVIOUS EMPLOYER TELEPHONE NUMBER	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP	
JOB TITLE AND RESPONSIBILITIES		JOB TITLE AND RESPONSIBILITIES	
SUPERVISOR'S NAME AND POSITION		SUPERVISOR'S NAME AND POSITION	
DATES OF EMPLOYMENT		DATES OF EMPLOYMENT	
REASONS FOR LEAVING		REASONS FOR LEAVING	
STARTING SALARY	ENDING SALARY	STARTING SALARY	ENDING SALARY

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

**CONFIDENTIAL PERSONAL FINANCIAL STATEMENT**

Please complete all sections of this form thoroughly  
(Include ALL assets and liabilities)

ASSETS (In Dollars)		LIABILITIES (In Dollars)	Monthly Payments	Balance Owed
CASH ON HAND AND IN BANKS UNRESTRICTED <small>(Schedule E)</small>		NOTES PAYABLE TO BANKS <small>(Schedule D)</small>		
U.S. GOVERNMENT AND MARKETABLE SECURITIES <small>(Schedule A)</small>		CREDIT CARDS <small>(Schedule D)</small>		
NON-MARKETABLE SECURITIES <small>(Schedule A)</small>		PAYABLE TO OTHERS <small>(Schedule D)</small>		
REAL ESTATE <small>(Schedule B)</small>		ACCOUNTS AND BILLS DUE		
IRA/401K <small>(Use Schedules A and/or E, as appropriate)</small>		REAL ESTATE MORTGAGES <small>(Schedule B)</small>		
CASH SURRENDER VALUE OF LIFE INSURANCE <small>(Schedule C)</small> <small>(Not Death Benefit)</small>		UNPAID TAXES		
LOANS RECEIVABLE		UNPAID INTEREST		
PERSONAL PROPERTY, PRESENT VALUE		AMOUNTS DUE FOR SETTLEMENTS, JUDGEMENTS		
AUTOMOBILE(S), PRESENT VALUE		INSURANCE PREMIUMS		
OTHER ASSETS – ITEMIZE		OTHER LIABILITIES - ITEMIZE		
NET VALUE OF BUSINESS <small>(Attach most recent financial statement)</small>				
<b>PLEASE REMEMBER TO ATTACH YOUR LAST TWO YEARS' FEDERAL INCOME TAX RETURNS</b>		<b>TOTAL MONTHLY PAYMENTS</b>		\$
		<b>TOTAL LIABILITIES</b>		\$
		<b>NET WORTH (TOTAL ASSETS) MINUS TOTAL LIABILITIES</b>		\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES &amp; NET WORTH</b>		\$
<b>CONTINGENT LIABILITIES</b>				
AS ENDORSER, CO-MAKER OR GUARANTOR				
ON LEASES OR CONTRACTS				
UNDER LEGAL CLAIMS				
OTHER SPECIAL DEBT				
AMOUNT OF CONTESTED INCOME, PROPERTY OR TAX LIEN				



**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

**SCHEDULES**

**SCHEDULE A – U.S. GOVERNMENT, MARKETABLE AND NON-MARKETABLE STOCKS AND BONDS**

NO. OF SHARES/ FACE VALUE OF BONDS	DESCRIPTION	IN NAME OF	ARE THESE PLEGDED?	MONTHLY INCOME	MARKET VALUE

**SCHEDULE B – REAL ESTATE OWNED**

DESCRIPTION	DATE ACQUIRED	MORTGAGE HOLDER	COST	ASSESSED VALUE	MARKET VALUE	MORTGAGE BALANCE	MONTHLY PAYMENT	RENTAL INCOME
YOUR RESIDENCE								
OTHER								
OTHER								
OTHER								

**SCHEDULE C – LIFE INSURANCE CARRIED**

NAME OF INSURANCE COMPANY	OWNER	BENEFICIARY	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

**SCHEDULE D – BANKS, FINANCE COMPANIES AND CREDIT CARDS WHERE CREDIT HAS BEEN OBTAINED**

NAME AND ADDRESS OF LENDER	CREDIT IN THE NAME OF	SECURED OR UNSECURED	CURRENT BALANCE

**SCHEDULE E – CASH IN BANKS OR OTHER ACCOUNTS**

FINANCIAL INSTITUTION	BRANCH	ACCOUNT NUMBER	ACCOUNT TYPE	CURRENT BALANCE

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM THOROUGHLY**

**SOURCES OF INCOME FOR YEAR ENDED DECEMBER 31**  

SALARY, BONUSES AND COMMISSIONS	\$AMOUNT	PER MONTH
INVESTMENT INCOME	\$AMOUNT	PER MONTH
REAL ESTATE INCOME	\$AMOUNT	PER MONTH
OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING AN OBLIGATION)	\$AMOUNT	PER MONTH
SPOUSE'S SALARY, BONUSES AND COMMISSIONS	\$AMOUNT	PER MONTH
SPOUSE'S OTHER INCOME	\$AMOUNT	PER MONTH
TOTAL INCOME	\$AMOUNT	PER MONTH

HAVE YOU EVER TAKEN BANKRUPTCY? EXPLAIN.

ARE YOU OR YOUR SPOUSE CURRENTLY SELF-EMPLOYED?

LEGAL NAME OF ENTITY:

ADDRESS: TELEPHONE:

DESCRIBE NATURE OF BUSINESS AND YOUR ACTIVITIES

**Business References – Two Year History**

NAME OF BANK	BRANCH	HOW LONG	ACCOUNT BALANCE	TELEPHONE	CONTACT
NAME OF SUPPLIER				TELEPHONE	CONTACT

HAVE YOU OR YOUR SPOUSE BEEN A PARTNER OR AN OFFICER IN ANY OTHER BUSINESS? PLEASE EXPLAIN.

HAVE YOU OR YOUR SPOUSE BEEN SUBJECT TO ANY LITIGATION OR JUDGMENTS? PLEASE EXPLAIN.

HAVE YOU OR YOUR SPOUSE BEEN A DEFENDANT IN ANY SUITS OR LEGAL ACTIONS? PLEASE EXPLAIN.

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION OR SUMMARY OFFENSE? IF "YES" PLEASE EXPLAIN FULLY.

NOTE: A CONVICTION DOES NOT AUTOMATICALLY MEAN THAT YOU WILL NOT BE OFFERED A FRANCHISE. THE NATURE OF YOUR CONVICTION AND HOW LONG AGO ARE IMPORTANT. GIVE ALL THE FACTS SO THAT A DECISION CAN BE PROPERLY MADE

**LIST THREE PROFESSIONAL AND CHARACTER REFERENCES WHO HAVE KNOW YOU WELL FOR AT LEAST FIVE YEARS**

NAME	FULL ADDRESS	OCCUPATION	TELEPHONE	YRS. KNOWN

**LIST THREE CREDIT REFERENCES WITH WHICH YOU HAVE AT LEAST TWO YEARS' CREDIT HISTORY**

NAME	FULL ADDRESS	TELEPHONE	CONTACT PERSON

## RELEASE AND AUTHORIZATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, LAW ENFORCEMENT AGENCY, STATE OR FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, BANKING INSTITUTION, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY LOAN BALANCES, CRIMINAL HISTORY, AND EMPLOYMENT RECORDS OR ANY OTHER INFORMATION REQUESTED, TO GENERAL NUTRITION CORPORATION AND/OR ITS SUBSIDIARIES OR ITS AGENTS. I VOLUNTARILY AND KNOWINGLY AND UNCONDITIONALLY RELEASE ANY OF THE ABOVE NAMED AGENCIES AND/OR INDIVIDUALS FROM ANY AND ALL LIABILITY RESULTING FROM FURNISHING THIS INFORMATION.

THE INFORMATION CONTAINED IN THIS APPLICATION IS PROVIDED FOR THE PURPOSE OF OBTAINING A FRANCHISE AND/OR CREDIT, OR EXTENDING OR MAINTAINING CREDIT WITH FRANCHISOR ON BEHALF OF THE UNDERSIGNED.

THE UNDERSIGNED EXPRESSLY AGREE(S) TO NOTIFY FRANCHISOR IMMEDIATELY IN WRITING OF ANY MATERIAL CHANGE IN HIS/HER/THEIR FINANCIAL CONDITION WHETHER APPLICATION FOR FURTHER CREDIT IS MADE OR NOT.

THE UNDERSIGNED CERTIFIES THAT EACH PART OF THE APPLICATION AND FINANCIAL STATEMENTS HEREOF AND THE INFORMATION INSERTED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

ACCORDING TO THE FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF CREDIT IS DENIED BECAUSE OF INFORMATION OBTAINED FROM A CONSUMER REPORTING AGENCY. I WILL BE SO ADVISED AND GIVEN THE NAME OF THE AGENCY OR SOURCE OF INFORMATION.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITTEN SIGNATURE.**

**APPLICANT** (PLEASE FORWARD PHOTO COPY OF CURRENT DRIVERS LICENSE WITH THIS THIS APPLICATION)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration

### SPOUSE

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration

**(\* PLEASE FORWARD PHOTO COPY OF CURRENT DRIVERS LICENSE WITH THIS THIS APPLICATION)**

*Thank you for your interest in the GNC Franchise Opportunity.  
We look forward to receipt of this application and further discussing our franchise program with you.*

**GNC** LiveWell™

**GNC Franchising, LLC**

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