

Franchise Application

Confidential

**This application does not obligate
either party in any manner.**



An Equal Opportunity Organization

Hair Loss Prevention Centers Holdings, LLC will use this application to help evaluate your qualifications for a franchise. In addition, a retail credit check will be made. The name and address of the retail credit agency supplying Hair Loss Prevention Centers Holdings, LLC with the report will be furnished within thirty days from written request for such information. Periodically, additional retail credit checks may be requested. Applicants may be required to provide a business plan. Applicants will be considered without regard to age, sex, race, religion, color, or national origin.

New York -This advertisement is not an offering. An offering can only be made by a prospectus filed first with the Department of Law of the State of New York. Such filing does not constitute approval by the Department of Law.

The completed application should be mailed to:
Hair Loss Prevention Centers Holdings, LLC
845 Health Park Blvd.
Grand Blanc, Michigan 48439

Section 3: Applicant Work History (Continued)

Name of Previous Employer or Current Business Owned

Address _____
City _____ State _____
Business Phone Number _____
Are you an employee the owner

If **Employee**, what is/was your Job Title _____
Date Started Employment ___/___/___ Date Ended ___/___/___
Describe your responsibilities _____

Starting salary \$ _____ Ending salary \$ _____
Supervisor's name _____
May we contact? Yes No
Will you be leaving this employment if you franchise a Hair Loss
Prevention Centers Location? Yes No

If **Owner**, what Percentage of the business do you own? _____
Date Business Opened ___/___/___ Date Closed ___/___/___
Describe your responsibilities _____

Reason for selling/leaving this business _____

Have you ever had to manage responsibilities which included the
hiring and/or termination of employees? Yes No
Do you have any sales experience? Yes No
Why do you feel qualified to be a HLPC franchisee? _____

**** Please attach resume or additional sheet of paper showing any additional
work history or information HLPC-Holdings should consider.**

Section 3: Spouse Work History (Continued)

Name of Previous Employer or Current Business Owned

Address _____
City _____ State _____
Business Phone Number _____
Are you an employee the owner

If **Employee**, what is/was your Job Title _____
Date Started Employment ___/___/___ Date Ended ___/___/___
Describe your responsibilities _____

Starting salary \$ _____ Ending salary \$ _____
Supervisor's name _____
May we contact? Yes No
Will you be leaving this employment if you franchise a Hair Loss
Prevention Centers Location? Yes No

If **Owner**, what Percentage of the business do you own? _____
Date Business Opened ___/___/___ Date Closed ___/___/___
Describe your responsibilities _____

Reason for selling/leaving this business _____

Have you ever had to manage responsibilities which included the
hiring and/or termination of employees? Yes No
Do you have any sales experience? Yes No
Why do you feel qualified to be a HLPC franchisee? _____

**** Please attach resume or additional sheet of paper showing any additional
work history or information HLPC-Holdings should consider.**

Which of the following best describes your intended day-to-day involvement in the event that you franchise a Hair Loss Prevention
Center? **Applicant:** Full-time Part-time None **Spouse:** Full-time Part-time None

List any other business(es) that you or your spouse currently own or have a partnership in:

Do you plan to sell if you franchise with HLPC Holdings?
 Yes No Possibly
Name of Business _____ Percentage(s) you own _____
Name of Business _____ Percentage(s) you own _____

How did you first find out that Hair Loss Prevention Centers Holdings offers franchise opportunities?
 Franchisee Friend Magazine Newspaper Internet Show Other? (explain) _____
Name or what show or publication? _____

Have you or your spouse ever filed for bankruptcy or had an involuntary petition of bankruptcy filed against you?
Applicant Yes No **Spouse** Yes No
(explain) _____

Have you or your spouse ever been convicted of something other than a minor traffic violation?
Applicant Yes No **Spouse** Yes No
(explain -including dates, location, and charge) _____

Have you or your spouse ever applied for a Hair Loss Prevention Centers franchise before?
Applicant Yes No **Spouse** Yes No
Where? _____

Have you or your spouse ever been a HLPC employee?
Applicant Yes No **Spouse** Yes No
Where? _____

References

Character references we can contact (not family members)

Name _____ Occupation _____ Phone number _____

Name _____ Occupation _____ Phone number _____

Please be specific and list the city and/or state where you are interested in obtaining a franchise?

1st Choice _____
2nd Choice _____
3rd Choice _____

Financial Information

ASSETS

1. Cash on hand and in banks \$ _____
(checking, savings, etc.)
2. Stocks and bonds \$ _____
3. Value of Real Estate, Primary Residence \$ _____
4. Value of other Real Estate \$ _____
5. Other Assets \$ _____
6. Total Assets (add lines 1 through 5) \$ _____

LIABILITIES

12. Outstanding Loans (car loan, etc.) \$ _____
13. Credit Cards – total balance payable \$ _____
14. Total Mortgage - Primary Residence \$ _____
15. Mortgages due on other Real Estate \$ _____
16. Other Liabilities – Attach list \$ _____
(student loans, 2nd mortgages, etc.)
17. Total Liabilities (add lines 12 through 16) \$ _____

MONTHLY INCOME

7. Salary(ies), Wages or Commission \$ _____
8. Real Estate Income (Rental Property) \$ _____
9. Other Income – Attach List \$ _____
(i.e. annuity, child support, etc.)
10. Total Current Monthly Income \$ _____
(add lines 7 through 9)

NET WORTH

18. Net Worth (subtract line 17 from 6) \$ _____
(Note: A complete financial statement will be required prior to qualifying for an awarding of an Hair Loss Prevention Centers franchise)

MONTHLY EXPENSES

11. Total Monthly Expenses \$ _____
(including alimony, child support, etc.)

INVESTMENT

What is the TOTAL amount of money you have available to purchase a Hair Loss Prevention Centers Franchise? \$ _____

Where are you getting the money to invest? (loan, gift, savings, stocks, sale of property, 2nd mortgage(s), etc.) _____

What is the least of money that you NEED for your personal monthly expenses for the first year in business? _____

Where will you get other income, if any, if you franchise a HLPC's Location? (spouse's income, rental property, etc.) _____

I/We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I/We recognize that Hair Loss Prevention Centers Holdings, LLC, is not in any way obligated to franchise a Hair Loss Prevention Centers Location to me/us because of my/our execution of this document. I/We acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Hair Loss Prevention Centers Holdings, LLC. I/We understand that an inquiry regarding my/our character, general reputation, personal characteristics, financial background and general fitness for being a Hair Loss Prevention Centers franchisee may be made as a result of this application.

In addition, by signing below I/We release any and all former and/or present employers, and any other personal or business references, from any liability whatsoever in connection with Hair Loss Prevention Centers Holdings attempt to investigate my/our background and determine my/our fitness to become a Hair Loss Prevention Centers franchisee. I/We hereby authorize the release of any and all documents and records, including any privileged and confidential information pertaining to me/us to Hair Loss Prevention Centers Holdings, LLC. I/We specifically authorize Hair Loss Prevention Centers Holdings, LLC, to obtain a credit report on me/us. A copy of this authorization may be used in place of and shall be valid as the original. I/We understand that this application is considered active for 180 days from the date below.

Applicants Signature

Spouses Signature

Date

Date