

# EVEXIA Wellness Spa

## Franchise Preliminary Consideration Form



### **Evexia Wellness Spa Franchise LLC**

4986 N. Adams Road, Suite G

Rochester, MI 48306

Phone: (888) 383-9429

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**FRANCHISE PRELIMINARY CONSIDERATION FORM**

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- All information will be kept strictly confidential -

Date: \_\_\_\_\_

**CONTACT INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Time Zone: \_\_\_\_\_ Call at:  Home  Work  Mobile

Email Address: \_\_\_\_\_ 2<sup>nd</sup> Email: \_\_\_\_\_

**PERSONAL INFORMATION**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status:  Married  Single  Divorced/Separated  Widowed

Do you have children?  Yes – #: \_\_\_\_\_  No

Residence:  Own Home  Rent  Other – explain: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Title/Position: \_\_\_\_\_ # Yrs.: \_\_\_\_\_

Employer: \_\_\_\_\_ City & State: \_\_\_\_\_

Please list the social networks to which you belong (check all that apply):

Facebook  X/Twitter  LinkedIn  Other: \_\_\_\_\_

Please list business, civic or community organizations you belong to and leadership positions you have held:

Please list the city (or cities) where you are interested in opening an *Evexia Wellness Spa* Franchise?

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

Time frame to purchase a Franchise:  1-3 months  4-6 months  7-12 months  12+ months

Please explain what interests you about the *Evexia Wellness Spa* franchise opportunity:

On a scale of "1 to 10" ("10" being extremely interested), please indicate your interest in an *Evexia Wellness Spa* franchise opportunity at this time:

	0	1	2	3	4	5	6	7	8	9	10
<b>Check One:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list your hobbies:

Have you ever experienced day spa and/or med spa services? If so, please describe your experience:

### **EXPERIENCE**

Have you ever owned an independent or franchise business?  Yes  No

Describe (include dates):

Do you have previous experience in the spa industry?  Yes  No

Describe (include dates):

Do you have previous management experience?  Yes  No

Describe (include dates):

Describe any additional experiences you have related to the *Evexia Wellness Spa* concept:

**FINANCIAL INFORMATION**

Current Annual Income: \$ \_\_\_\_\_

**Liquid Capital to Invest:**  < \$100,000  \$101K-\$150K  \$151K-\$250K  \$251K-\$350K  
 \$351K-\$500K  \$501K-\$750K  \$751K-\$1M  \$1.1M+

**Total Capital to Invest:**  < \$350,000  \$351K-\$500K  \$501K-\$650K  \$651K-\$800K  
 \$801K-\$1M  \$1.1M-\$1.5M  \$1.6M-\$2M  \$2.1M+

**Other Sources of Funding (check all that apply):**  Self  Partner(s)  Bank  Other\*

\*Additional Funding Information:

Please list your annual income goal from the Franchise Business: \$ \_\_\_\_\_

Have you been involved in a bankruptcy?  No  Yes (provide details on the *Supplemental Form* on pg. 6)

**EDUCATION**

	Name of School	City/State	Dates Attended	Graduated (Yes/No)	Degree(s) Earned
High School					
College					
Post-College					

**EMPLOYMENT HISTORY**

Please provide your employment history for the past 10 years beginning with your current employer.

Employer	Title/Position	Location (City/State)	Start Date (Month/Year)	End Date (Month/Year)

## FRANCHISE INFORMATION

### Anticipated Management of the Franchise Business:

Self-Managed by Franchise Owner

Hired Manager (List name if known at this time): \_\_\_\_\_

Manager's Experience:

Would you be an active participant or a passive investor in the Franchise?  Active  Passive

Would you be involved in the business on a part-time or full-time basis?  Full-time  Part-time

Do you have partners who will participate financially or operationally in the Franchise?  No  Yes

If Yes, list partner's name(s): \_\_\_\_\_

Have you identified a potential location for your *Evexia Wellness Spa* Franchise?

No  Yes

If Yes, list the address: \_\_\_\_\_

Please list the names of similar type businesses within a 10-mile radius of the area or location you are considering for your Franchise:

## CRIMINAL HISTORY

Have you ever been convicted of or pleaded *Nolo Contendere* to a felony?

No  Yes (please provide details on the *Supplemental Form* on pg. 6)

Have you ever been convicted of or pleaded *Nolo Contendere* to a misdemeanor (except driving violations)?

No  Yes (please provide details on the *Supplemental Form* on pg. 6)

## YOUR QUESTIONS

Please list any questions you have concerning *Evexia Wellness Spa*:

1.

2.

3.

4.

5.

6.

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9.

10.



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**PRELIMINARY CONSIDERATION FORM – SUPPLEMENTAL INFORMATION**

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**NOTE:** Please complete this section if you are providing additional information concerning a matter listed previously.

Date: \_\_\_\_\_

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

Please list the Matter(s) for which you are providing additional information:

Details of Matter(s):

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**ACKNOWLEDGEMENT & NONDISCLOSURE**

By signing below, I (“Candidate”) acknowledge that the information I have provided in this *Preliminary Consideration Form* (“PCF”) is true and correct. I agree that all information concerning *Evexia Wellness Spa Franchise LLC* (“EWSF”) franchise business and operating system obtained directly or indirectly by me, or conveyed to me by EWSF and its affiliates, employees, agents and/or franchisees, will remain forever confidential between us. I agree not to divulge any confidential information to any other person or entity, except to my potential partners, if applicable, and my professional advisors, or use such information directly or indirectly in competition against EWSF or its Franchisees.

Candidate understands and agrees that EWSF is relying on the information provided by Candidate in this PCF and any supplemental information as material factors in considering Candidate’s qualifications to apply for an EWSF franchise, and Candidate agrees to immediately notify EWSF of any material change in any of the information provided by Candidate to EWSF.

Candidate understands that if he or she chooses to apply for an EWSF Franchise, Candidate will be required to complete and submit a Franchise Application to EWSF, which may be accepted or rejected by EWSF in its sole discretion.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Please submit via email to:**

**Evexia Wellness Spa Franchise LLC**

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