

**THRIVE HEALTH
FRANCHISE APPLICATION**



FTC/SEC DISCLOSURE:

Neither this application nor the franchise sales information on the THS site represents an offer to sell a franchise. The offer of a franchise can only be made through the delivery of a franchise disclosure document. Certain states require that we register the franchise disclosure document in those states. We are not directing the communications on this web site to the residents of any of those states. Moreover, we will not offer or sell franchises in those states until we have registered the franchise (or obtained an applicable exemption from registration) and delivered the franchise disclosure document to the prospective qualifying franchisee that complies with applicable law.

FROM

LAST NAME

FIRST NAME

MIDDLE INITIAL

THRIVE HEALTH FRANCHISE APPLICATION - BEFORE YOU BEGIN

To ensure that you have all of the information needed to successfully complete the application a checklist has been created to guide you in collecting all required information. Please have the following ready before beginning the application process.

Type of Information Needed:	Description:
Personal	Address, telephone, date of birth, Social security number, driver's license number Include information for spouse (if applicable)
Educational	Institution, address, dates attended, degree
Military	Branch, dates of service, rank, discharge status
Employment	Name, address, telephone, supervisor, dates of employment, job title and responsibilities
Financial - Sources of Income/Assets	Cash, salary, investment income, credit cards, stocks and bonds, real estate, IRA/401K plans, life insurance, personal property
Financial - Liabilities	Banks, credit cards, mortgage, taxes, settlements /judgments
Financial - Contingent Liabilities	Financial obligations as a third-party for leases, contracts, legal claims, special debt
Business References (Bank or Supplier)	Name, address, telephone, etc. (for the past two years)
Professional References	Name, address, telephone, occupation (minimum of five years)
Credit References	Name, address, telephone (minimum of two years credit history)

Much of this information can be obtained from your driver's license, bank statements, school transcripts, military records, federal tax forms, articles of incorporation and other documents.

Please note: As part of the application process you will be required to submit a copy of your federal tax return for the last two years as well as a copy of your driver's license.

Once you have all of the information needed, please begin the application process.

THRIVE HEALTH FRANCHISE

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 THRIVE HEALTH FRANCHISE OPPORTUNITY?					

YOUR PLANS FOR THE FRANCHISED BUSINESS
WHY ARE YOU LOOKING TO FRANCHISE A BUSINESS?
HOW DO YOU PLAN ON ORGANIZING YOUR BUSINESS? PLEASE SELECT ONE:
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NOT SURE
PLEASE PROVIDE THE NAME OF CORPORATION (IF APPLICABLE):
(NOTE: PLEASE INCLUDE A COPY OF THE ARTICLES OF INCORPORATION WITH THIS APPLICATION)
WILL YOU OPERATE THE FRANCHISE BUSINESS YOURSELF? EXPLAIN IN DETAIL.
WILL YOU INVEST IN THE FRANCHISE BUSINESS YOURSELF? OR WITH A PARTNER? 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:
OTHER AREAS YOU WOULD CONSIDER (1 ST , 2 ND , 3 RD CHOICES):

THRIVE HEALTH FRANCHISE APPLICATION

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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	

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EMPLOYMENT HISTORY			
APPLICANT		SPOUSE	
CURRENT EMPLOYER	TELEPHONE NUMBER	CURRENT EMPLOYER	TELEPHONE NUMBER
STREET ADDRESS		STREET ADDRESS	
CITY STATE ZIP		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		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		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

THRIVE HEALTH FRANCHISE APPLICATION

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 <i>(Schedule E)</i>		NOTES PAYABLE TO BANKS <i>(Schedule D)</i>		
U.S. GOVERNMENT AND MARKETABLE SECURITIES <i>(Schedule A)</i>		CREDIT CARDS <i>(Schedule D)</i>		
NON-MARKETABLE SECURITIES <i>(Schedule A)</i>		PAYABLE TO OTHERS <i>(Schedule D)</i>		
REAL ESTATE <i>(Schedule B)</i>		ACCOUNTS AND BILLS DUE		
IRA/401K <i>(Use Schedules A and/or E, as appropriate)</i>		REAL ESTATE MORTGAGES <i>(Schedule B)</i>		
CASH SURRENDER VALUE OF LIFE INSURANCE <i>(Schedule C)</i> <i>(Not Death Benefit)</i>		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 <i>(Attach most recent financial statement)</i>				
PLEASE REMEMBER TO ATTACH YOUR LAST TWO YEARS' FEDERAL INCOME TAX RETURNS		TOTAL MONTHLY PAYMENTS		\$
		TOTAL LIABILITIES		\$
		NET WORTH (TOTAL ASSETS) MINUS TOTAL LIABILITIES		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH		\$
CONTINGENT LIABILITIES				
AS ENDORSER, CO-MAKER OR GUARANTOR				
ON LEASES OR CONTRACTS				
UNDER LEGAL CLAIMS				
OTHER SPECIAL DEBT				
AMOUNT OF CONTESTED INCOME, PROPERTY OR TAX LIEN				

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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

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SOURCES OF INCOME FOR YEAR ENDED DECEMBER 31 20

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

ARE YOU OR YOUR SPOUSE CURRENTLY SELF-EMPLOYED?

LEGAL NAME OF ENTITY:

ADDRESS:	TELEPHONE
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DESCRIBE THE NATURE OF BUSINESS AND YOUR ACTIVITIES:

LEGAL HISTORY

HAVE YOU EVER DECLARED BANKRUPTCY? EXPLAIN.

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 OF 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.

BUSINESS REFERENCES—TWO YEAR HISTORY

NAME OF BANK	BRANCH			TELEPHONE	CONTACT
NAME OF BANK	BRANCH			TELEPHONE	CONTACT
NAME OF SUPPLIER	ADDRESS			TELEPHONE	CONTACT
NAME OF SUPPLIER	ADDRESS			TELEPHONE	CONTACT
NAME OF SUPPLIER	ADDRESS			TELEPHONE	CONTACT

LIST TWO PROFESSIONAL AND CHARACTER REFERENCES WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS

NAME	FULL ADDRESS	OCCUPATION	TELEPHONE	YRS. KNOWN

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

NAME	FULL ADDRESS	TELEPHONE	CONTACT PERSON

THS RELEASE AND AUTHORIZATION

I HEREBY AUTHORIZE THRIVE HEALTH AND WELLNESS, hereafter referred to as (THS) TO INVESTIGATE MY BACKGROUND AND QUALIFICATIONS FOR PURPOSES OF EVALUATING MY QUALIFICATIONS TO BE A THS FRANCHISEE. I UNDERSTAND THAT SUCH INVESTIGATION MAY INCLUDE AN INVESTIGATIVE CONSUMER REPORT, AS WELL AS A GENERAL BACKGROUND SEARCH AND AN INVESTIGATION IN ACCORDANCE WITH ANTI-TERRORISM LEGISLATION, SUCH AS THE USA PATRIOT ACT AND EXECUTIVE ORDER 13224 ENACTED BY THE U.S. GOVERNMENT. I UNDERSTAND THAT THESE INVESTIGATIONS MAY REVEAL INFORMATION AS TO MY CREDITWORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. ACCORDINGLY, 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 THS AND/OR ITS PARENT COMPANIES, SUBSIDIARIES OR 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.

I UNDERSTAND THAT UPON WRITTEN REQUEST, THS WILL MAKE AVAILABLE TO ME A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED, AS WELL AS A COPY OF A SUMMARY OF MY RIGHTS AS A CONSUMER UNDER THE FAIR CREDIT REPORTING ACT.

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.

I UNDERSTAND THAT, IF I AM APPROVED TO BECOME A THS FRANCHISEE, THS MAY RELY ON THIS AUTHORIZATION AND HAVE ADDITIONAL BACKGROUND CHECKS CONDUCTED DURING AND THROUGHOUT THE TERM OF MY FRANCHISE AGREEMENT WITHOUT ASKING FOR MY AUTHORIZATION AGAIN.

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. THE UNDERSIGNED FURTHER ACKNOWLEDGES AND AGREES THAT THE GRANTING OF A FRANCHISE IS AT THE SOLE DISCRETION OF THS AND THAT THE FILING OF THIS APPLICATION DOES NOT OBLIGATE THE APPLICANT TO PURCHASE OR THS TO SELL A FRANCHISE OR LOCATION.

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

APPLICANT SIGNATURE

DATE

*DRIVER'S LICENSE NUMBER

STATE

EXPIRATION

SPOUSE (IF APPLICABLE)

SPOUSE SIGNATURE

DATE

*DRIVER'S LICENSE NUMBER

STATE

EXPIRATION

(*PLEASE INLCUDE A PHOTOCOPY OF CURRENT DRIVER'S LICENSE WITH THIS APPLICATION)

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



Thrive Health and Wellness, LLC

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