



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
SECURITIES DIVISION
1511 PONTIAC AVENUE,
JOHN O. PASTORE COMPLEX BLDG 69-1
CRANSTON, RI 02920

APPLICATION FOR EXEMPTION FROM REGISTRATION REQUIREMENTS
AS A FRANCHISOR

FILING FEE: \$360.00

FISCAL YEAR END: _____ EIN# _____

1. Name of Franchisor:

2. Principal Address:

3. Reason for claim of exemption:

1. Net Worth \$10 million and 25 locations for the entire 5-year period preceding the offer.
2. Other:

4. Enclosed documents:

1. Uniform Franchise Offering Circular
2. Uniform Consent to Service of Process
3. Corporate Acknowledgement
4. Certification Page
5. Salesman Disclosure Form
6. Auditor's Consent
7. Guarantee of Performance (when required)
8. Tax Payer Status Affidavit

CONSENT TO SERVICE OF PROCESS

documents are true and correct.

Executed at _____, _____, 20

Signature(s) of Franchisor and/or Subfranchisor

By

(Seal) Title

STATE OF _____)
) ss.
COUNTY OF _____)

Personally appeared before me this ____ day of _____, 20 ____ the above-named _____ and known to be the person(s) who executed the foregoing application (as _____ and _____ respectively, of the above-named applicant) and (each), being first duly sworn, stated upon oath that said application, and all exhibits submitted herewith, are true and correct.

SALESMEN DISCLOSURE FORM

1. As required by Rhode Island statute, list the persons who will engage in the offer or sale of franchises in this state and for each person list the following information:
 - A. Name:

 - B. Business address and telephone number:

C. Home address and telephone number:

D. Present employer:

E. Present title:

F. Social Security number:

G. Birth date:

H. Employment or occupation during the past 5 years. For each such employment state the name of the employer, position held and beginning and ending dates for each such employment.

2. State whether the person identified in 1 above:

A. Has any administrative, civil or criminal action pending against him alleging a violation of any franchise law, business opportunity law, securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or any comparable allegations?

YES _____ NO

B. Has been convicted of a felony or pleaded nolo contendere to a felony charge?

C. Has during the 10 year period immediately preceding the date of the offering circular:

(1) been convicted or a misdemeanor or pleaded nolo contendere to a misdemeanor charge or been held liable in a civil action by final judgment if such misdemeanor or civil action involved a violation of any franchise law, business opportunity law, securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation or property or any comparable violation of law?

YES _____ NO

(2) entered into or been named in any consent judgment, decree, order or assurance under any federal or state franchise, business opportunity, securities, anti-trust, monopoly, trade practice, or trade regulation?

YES _____ NO

(3) been subject to any order of any national securities association or national securities exchange (as defined in the Securities and Exchange Act of 1934) suspending or expelling such person from membership in such association or exchange?

YES _____ NO

D. With respect to each question above answered "YES" state:

- (1) the name of each person or entity involved;
- (2) the court, agency, association or exchange involved;
- (3) a summary of the allegations;
- (4) if applicable, the date of the conviction, judgement, decree, order or assurance; and
- (5) the penalty imposed, damages assessed and nature thereof, and terms and conditions of the judgment, decree, order or assurance.

GUARANTEE OF PERFORMANCE

For value received

located at _____,
(Address)

absolutely and unconditionally guarantees the performance by
_____, located at

(Address)

of all the obligations of

under its franchise registration in the state of

_____ dated _____ (Name of
state or province) (Effective date of renewal)

and of its Franchise Agreement. This guarantee continues until all

obligations of _____ under the franchise registration and franchise agreement are satisfied. _____ is not discharged from liability if a claim by the franchisee against _____ remains outstanding. Notice of acceptance is waived. Notice of default on the part of _____ is not waived. This guarantee is binding on _____ and on its successors and assignees. _____ executed this agreement at _____ PARENT _____ on the _____ day of _____, 20____.

(Parent)

By: _____

Title: _____

FOR YOUR INFORMATION

You may obtain instructions for preparing a Uniform Franchise Offering Circular and a Uniform Application by sending a request and a check for \$10 to NASAA to:

NORTH AMERICAN SECURITIES
ADMINISTRATORS ASSOCIATION, INC.
10 G STREET, N.E., SUITE 710
WASHINGTON, DC 20002
(202) 737-0900

(202) 783-3571 (facsimile)

Copies of the Franchise Investment Act, Title 19, Chapter 28.1 of the Rhode Island General Laws may be obtained for \$10 for up to 20 pages from:



*State of Rhode Island and Providence
Plantations
Department of Business Regulation
Securities Division
1511 Pontiac Avenue
John O. Pastore Complex – Building 69-1
Cranston, RI 02920*

TEL: (401) 462-9527
FAX: (401) 462-9645
TDD: 711
www.dbr.state.ri.us

COMMERCE CLEARING HOUSE
2700 LAKE COOK ROAD
RIVERWOOD, IL 60015
ATTN: MARY JO POPE
LEGISLATIVE DEPARTMENT

(847) 940-4600 EXT. 2336

**MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL §5-76-2) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

PLEASE CHECK ONE BOX ONLY, EVEN IF YOU HAVE NEVER BEEN EMPLOYED IN RHODE ISLAND.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.

- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

NOTE: This form must be completed, signed and attached electronically to your application in order for us to begin processing. Please call the Department with any questions.