

UNIFORM FRANCHISE REGISTRATION APPLICATION

**File No.** \_\_\_\_\_  
**(Insert file number of immediately  
preceding filing of Applicant)**

**State:** \_\_\_\_\_

**Fee:** \_\_\_\_\_

APPLICATION FOR (Check only one):

- \_\_\_\_\_ INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES  
\_\_\_\_\_ RENEWAL APPLICATION OR ANNUAL REPORT  
\_\_\_\_\_ PRE-EFFECTIVE AMENDMENT  
\_\_\_\_\_ POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor:
2. Name of the franchise offering:
3. Franchisor's principal business address:
4. Name and address of Franchisor's agent in this State authorized to receive service of process:
5. The states in which this application is or will be shortly on file:

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

Certification

I certify under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of \_\_\_\_\_ attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

Franchisor:

\_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_