



Franchise Application

Request for Consideration (Confidential)

The following documents are mandatory for consideration:

1. Completed Sun Valley Certification Clinics Franchising, LLC, Request for Consideration. Incomplete Requests for Consideration will delay processing.
2. Business background detail overview including specific information developmental capabilities (including product distribution expertise), operations experience, and organization/management infrastructure.
3. Curriculum Vitae/Resume for each prospective partner
4. Supporting financial data, personal or corporation financials (Verifiable Proof of Net Worth and Liquidity) for each prospective partner
5. Separate and complete request forms and financial documentation for each prospective partner.
6. Real estate availability and development particulars
7. Any additional information you believe will advance your request

***Note that should we move forward with your request you will be required to submit a comprehensive business plan for development.**

This request for consideration does not obligate you in any way nor does it imply the approval or granting of a franchise or license agreement between you and Sun Valley Certification Clinics Franchising, LLC. Sun Valley Certification Clinics Franchising, LLC can only offer you a franchise through the delivery of a Franchise Disclosure Document and we are not, until and unless we deliver such a document to you.

Request for Consideration (Confidential)
(Should be Submitted on Behalf of each Prospective Owner)

Individual/Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ Province/State: _____ Country: _____ Postal Code: _____

Education Level: _____

Country of citizenship: _____

Phone #: _____ Alternate Phone #: _____

Email address: _____

Company website (if applicable): _____

Date and State of Incorporation or Organization (if applicable): _____

Individuals that you anticipate owning an interest in the Sun Valley Certification Clinic: _____

Describe your overall business background or submit a resume: _____

Have you or your spouse ever been convicted of a crime? Y N

Are you or your spouse part of any criminal investigation at this time? Y N

Are there currently any civil judgments against you or your spouse? Y N

Are there currently any civil suits pending against you or your spouse? Y N

Have you or your spouse ever been involved in a personal or business bankruptcy? Y N

Please explain any affirmative answers to the previous five questions (attach additional pages if necessary): _____

What lead you to our brand?

Financial Information

Assets	List in \$US Dollars	Liabilities	List in \$US Dollars
Cash on hand in banks:	\$	Loans, Notes Payable	\$
Stocks and Bonds	\$	Stocks and Bonds	\$
Accounts or Notes Receivables	\$	Accounts and Bills Due	\$
Real Estate	\$	Mortgages Payable	\$
Business Value	\$	Taxes and liens Due	\$
Other Assets*	\$	Other Liabilities*	\$
Other Assets*	\$	Other Liabilities*	\$
Total Assets	\$	Total Liabilities	\$
*List separately if necessary and explain		*List separately if necessary and explain	

Readily available funds for franchise development (in US currency): \$ _____

*Please attach corporate profile/annual report/business financials.

General Information

Are you using a broker? Y N Broker Name: _____

Are you currently in a franchise or business development system?

Are you currently in a cannabis related business? _____

Name of business: _____

Type of business concept: _____

Proposed Territory/Country Location

Territory/State of interest: _____

Territory/State of interest, 2nd Choice: _____

Total number units desired over three years: _____ Total units desired number over five years: _____

Confidentiality and No-Disclosure Agreement

Statement of Declaration:

Sun Valley Certification Clinics Franchising, LLC may provide to the undersigned pertinent confidential and proprietary documents and information relating to Sun Valley Certification Clinics, during his/her application process. The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluation for the purpose of negotiating a Sun Valley Certification Clinic franchise. The undersigned further agrees this information shall only be made available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein. In the event that it is determined that there is no interest in negotiating the acquisition of a Sun Valley Certification Clinic franchise, all documents and information provided, with the exception of the Franchise Disclosure Document (FDD) shall be returned to Sun Valley Certification Clinics Franchising, LLC.

Applicant Name

Signature

Date

Street Address

Apt / Unit / Suite

City

State

Zip Code

Confidential Information

I submit the following information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to Sun Valley Certification Clinics Franchising, LLC. I understand and acknowledge that, as a condition of being considered for a Sun Valley Certification Clinic franchise, I must submit to a credit history check to be performed by a credit reporting agency of Sun Valley Certification Clinic's choice. I understand that the credit reporting agency will make the results of the credit history check available to Sun Valley Certification Clinic Franchising, LLC and that Sun Valley Certification Clinic Franchising, LLC may use those results in determining whether I will am eligible to own a Sun Valley Certification Clinic franchise. If requested by Sun Valley Certification Clinics Franchising, LLC, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the assets stated herein, and I also agree to furnish copies of federal income tax returns as filed for the last five years. I understand that Sun Valley Certification Clinics Franchising, LLC is relying upon all the above information as material factors in considering my application to become a Sun Valley Certification Clinic franchisee, and I therefore agree to promptly notify Sun Valley Certification Clinics Franchising, LLC of any material change in any of the above information or any subsequent information provided to Sun Valley Certification Clinics Franchising, LLC. I also certify that neither I nor any of my fundingsources is or has ever been a terrorist or suspected terrorist, or a person or entity described in Section 1 of U.S. Executive Order 13224, issued September 23, 2001, as such persons and entities are further described at the Internet website www.ustreas.gov/oices/enforcement/ofac. I agree to comply with and/or to assist Sun Valley Certification Clinics Franchising, LLC, to the fullest extent possible in Sun Valley Certification Clinics Franchising, LLC's efforts to comply with the law.

Applicant Name

Signature

Date

Please return completed form to andrea@svmmjcc.com or dustin@svmmjcc.com