



Request for Information and Consideration ("RFIC")

TONI&GUY Hairdressing Salon

Prospective Franchisee Name: _____

Date: _____

Approval

Date

Confidential Application

This form, when completed, is an essential part of evaluating your qualifications to be awarded a TONI&GUY Salon franchise. Please print or type and give specific answers to all questions. All answers are held in confidence. The completion of this form does not obligate TONI&GUY Salon or you in any way or manner. (To be completed by each proposed Partner of the Franchise Group.)

Please complete ALL information requested. Read the information thoroughly and be specific with your answers. Incomplete applications will be returned and may delay our consideration of your application.

***Applications should be returned to Misty Benavides within 30 days from initial contact with TONI&GUY Hairdressing.**

Applications can be returned by the following methods

Email: cdonnelly@toniguy.com

Secure fax line: 972-407-2187

By mail to:

TONI&GUY Hairdressing, Attention Misty Benavides, 2311 Midway Road, Carrollton, TX 75006

I. PERSONAL DATA

Name _____

Home Address _____

Home phone number: _____ Email address: _____

Cell Phone Number _____

Marital Status _____

Number of Dependents: _____ Ages: _____

U.S. Citizen Yes No If not U.S., name country _____

Visa Status: _____

II. EDUCATIONAL HISTORY (Please mark all that apply) High School College

Graduate Degree _____

Other _____

III. GENERAL BUSINESS EXPERIENCE

1. Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

A. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

How many employees do you currently manage? _____

How large is your current space? _____

B. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

C. Company _____ City, State _____

Position _____ Employed From _____ To _____

Major Accomplishments _____

IV. SALON EXPERIENCE

1. Have you ever: owned or been a partner in a Salon? (Please mark N/A if not applicable) N/A

A.If owned, please:

1. Describe your responsibilities in the Salon: _____

2. Provide dates of ownership:

3. How many locations? _____

4. Name(s) of Salon (s), Address, City and State of location(s):

5. If not currently involved, list reason[s]: _____

6. List all Salon services offered? _____

7. What is the size of your current Salon?

Square Footage: _____

Number of Stylists: _____

Number of Client Work Stations: _____

8. Who is your Salon:

Director/Manager: _____

Education Director: _____

(Please attach a separate page for additional location information for numbers 8 - 13 if more than one salon is owned by you).

B. If you have been or are currently a partner in a salon, please list names and contact information of all partners below:

Name of Partner	Address	City, State, Zip Code	Phone	% of ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Describe your responsibilities in the salon:

2. Provide dates of partnership:

3. How many locations? _____

4. Name of Salon, Address, City and State of location(s):

5. If not currently involved, list reason[s]: _____

6. Are you interested in a new build salon or converting your salon? _____

7. How many stylist/technicians do you have?

Full Time: _____

Part Time: _____

8. How many receptionists do you have?

Full Time: _____

Part Time: _____

VI. Advisors/Decision Makers

Please also identify any additional advisors or decision makers, such as the following:

A. Legal Advisor

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Best time to call: _____

B. Accounting Advisor: _____

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Best time to call: _____

C. Real Estate Advisor: _____

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Best time to call: _____

D. Construction Advisor: _____

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Best time to call: _____

VII. MANAGEMENT GOALS

1. Do you plan to devote full time to this business venture? Yes No

2. Will your spouse be active in the franchise? Yes No

3. Do you plan to have equity partners? Yes No

4. Will your partners be involved in the business? Yes No

5. When would you like to open a new salon or convert your existing salon?

- 3 – 6 months
- 6 – 9 months
- 9 – 12 months
- 12 – 18 months
- 18 – 24 months
- 24 months +

6. Are you planning on: (Check all that apply)

- Converting an existing salon
- Building a new salon
- Moving and converting and existing salon

7. How many months do you anticipate devoting to opening a new salon or converting your existing salon? Please outline an approximate month- by- month activity expectations below:

Month #	Activity

8. If you are building a new salon or plan on moving your existing salon, what is your location preference?

(City/State) _____

9. If you want to add locations, what are your additional market preferences? (Cities and States)

10. Have you ever pursued or been involved in a franchise opportunity? Yes No

11. What is your understanding of how a franchise operates? _____

VIII. BUSINESS REFERENCES

Name	Field of Business or Expertise	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PERSONAL REFERENCES

Name	Telephone Number	Association
1. _____	_____	_____

2. _____

3. _____

4. _____

BANK REFERENCES

Name of Bank

Location

Bank Officer Name and Phone Number

1. _____

2. _____

3. _____

4. _____

IX. FINANCIAL

1. Do you have the ability to finance \$250,000 Yes No

2. Have you ever declared bankruptcy or reorganized due to insolvency either as an individual or principal officer of any corporation or partner of any corporation?
Yes No

If yes, please explain:

X. CURRENT BUSINESS TRENDS

1. What was your retail sales and services revenue for your last fiscal year? _____

2. What has been your average growth trend (%) from year to year? _____

4. Does your state have any price fixing or price limitations regarding client services? _____

XI. LEGAL INFORMATION

- 1. Do you have any unpaid judgments against you? Yes No
- 2. Are you currently a party to any pending legal action? Yes No
- 3. Have you ever been convicted of a felony or a misdemeanor? Yes No

If you answered yes to any of the above, please explain: _____

XII. OPPORTUNITY

1. Who from TONI&GUY/TIGI was your first contact? _____

2. How did you become aware of the TONI&GUY Hairdressing franchise opportunity?

- Local Area Trade Show TONI&GUY Academies
- TONI&GUY Salons Local Salon
- Local Academy Continuing Education Class
- Other

3. Why are you interested in the TONI&GUY Hairdressing franchise opportunity? _____

4. Have you made a decision to convert your current salon in order to increase revenue and profits?

5. Assuming your review of TONI&GUY Hairdressing is positive, are you prepared to make a decision in 60 – 90 days? Yes No

6. What else do we need to know about you? _____

Attach Resume, If Available

I certify that all of the information in this application is true and complete.

Signature: _____ Date: _____

Authorization
For Release of Personal Data Record Information

(One Authorization required to be signed by each potential partner involved)

In connection with my Application for a franchise with TONI&GUY Hairdressing Salons, I hereby authorize TONI&GUY Hairdressing Salon, or its agents, to contact any present or past employer, school, financial institution, law enforcement agency, reference or any other person, firm or corporation.

I authorize and request any of the firms or persons contacted to provide all information concerning me, and I hereby release said firms, institutions and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my school work, my work habits, character or skill, credit history or criminal history. TONI&GUY Hairdressing Salon agrees to restrict the use of this information only to the evaluation of my Application for a TONI&GUY Hairdressing Salon franchise.

I am willing and request that a photocopy of this Authorization be accepted with the same authority as the original.

I further authorize TONI&GUY Hairdressing Salon, or its agent, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

Print Name: _____

Place of Birth: _____

Date of Birth: (mm/dd/yyyy) _____/_____/_____

Social Security Number: _____

Government I.D.: _____ (for I.D. purposes only
(i.e., driver's license number, passport number)

Signature: _____

Date: _____

REQUEST FOR INFORMATION AND CONSIDERATION
