

Sablon Chocolate LoungeTM

Business Questionnaire

Thank you for expressing your interest in Sablon! Before we can start discussing any offer of franchising, licensing or other business opportunity, we would like to know you better. So, please tell us a little more about yourself!

Contact Information:		
Full Name: Address:		
Work Phone: Email:		
Sablon Concept (state the	e desired Sablon concept - Lounge, Restaurant or Café/Kiosk):	
Site Location (state the ad	dress of the location(s) where you desire to operate the Sablon business):	
Opening Date (state the es	stimated/desired opening date):	
Site Control (state wheth located):	er you will own or lease the land and building where the Sablon business w	vill be

	-		ousiness entity will you use to own a State/Provincial laws will the entity		
- Name of	f Owners and Fin	ancial Conditi	ion (identify all persons/principals	who will own an interest in the	
	Entity and give their or			who will own an interest in the	
Name and Address			Percentage Ownership	Current Net Worth	
How did	Advertisement Email Internet Friends Other	(check one of the check	the options below):		

Notice:

This information is not intended as an offer to sell, or the solicitation of an offer to buy, a franchise or other business opportunity. It is for information purposes only. Currently, the following states regulate the offer and sale of franchises: California, Hawaii, Illinois, Indiana, Minnesota, New York, North Dakota, Oregon, Rhode Island, South Dakota, Virginia, Washington, and Wisconsin. We will not offer you a franchise unless and until we have complied with applicable pre-sale registration and disclosure requirements in your jurisdiction.

Submit To:

Please email the completed questionnaire to: <u>info@SablonLicensing.com</u> or snail mail the completed Questionnaire to:

Sablon Licensing, LLC Attn: Sudhir Shah 10501 North Central Expressway, Suite 240 Dallas, Texas 75231 (817) 903-5035