

CONFIDENTIAL NEW EUPHORIA LICENSEE APPLICATION

Date: _____

APPLICANT'S NAME: _____

Res. Telephone () _____ Business Telephone () _____ Fax () _____

Residence Address: Street _____ Apt. _____

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

How long at this address? _____

Date of Birth _____ Have you ever owned your own business? Yes _____ No _____

Spouse's Name _____ Will your spouse be active in the business? _____

Are you currently a party to any pending legal action? Yes _____ No _____ If yes, please state details _____

Have you ever been convicted of any offence other than traffic related violations?

Yes _____ No _____ If yes, please state details _____

OCCUPATION

Present Occupation _____

Business Address: Street _____ Suite _____

City _____ State/Province _____ Zip/Postal Code _____ Telephone () _____

PREVIOUS EXPERIENCE

(List below the last occupations and experience.)

EDUCATION

Grade School Year Completed _____

High School Year Completed Diploma Received _____

College or University Year Completed Degree Received _____

Other (please specify) _____

ANNUAL INCOME

CASH INVESTMENT AND WORKING CAPITAL AVAILABLE TO INVEST IN THIS BUSINESS

US \$15,000 _____ US \$30,000 _____ US \$75,000 or more _____

What is the source of these funds?

REFERENCES

1. Individual & Position _____ Years Acquainted _____

Company _____

Address _____ Telephone () _____

2. Individual & Position _____ Years Acquainted _____

Company _____

Address _____ Telephone () _____

3. Individual & Position _____ Years Acquainted _____

Company _____

Address _____ Telephone () _____

TO THE CORPORATION

I ACKNOWLEDGE THAT COMPLETION AND SUBMISSION OF THIS APPLICATION IN NO MANNER BINDS OR COMMITS Euphoria Smoothies & Nutritional Supplements, Ltd. to accept me as a Licensee. Such selection being at the sole selective discretion Euphoria Smoothies & Nutritional Supplements, Ltd. and its management.

I certify that my personal and financial statement is true. I am not being sued and there are no executions against me. I authorize the corporation or their agents to obtain such factual and investigate information regarding me from others as permitted by law, and to retain this application for corporate records.

Dated this _____ Day of _____, 20 _____

Witness _____ Name _____

Signature _____