

TGS National, LLC Franchise Application – PAGE 1

Please print or type clearly.

PRIMARY APPLICANT	First		M.I.	Last		Date of Birth
PRESENT ADDRESS	Years	Street Address		City		State Zip
	Telephone		Alt. Telephone		Best Time to Call	Email
Have you ever been in business for yourself? __ Yes __ No				If Yes, Please Explain:		
Will you have Principals or equity partners involved? __ Yes __ No				If Yes, Please Indicate How Many:		

BUSINESS EXPERIENCE / EMPLOYMENT HISTORY

Company Name		Telephone
Street Address		
City		State Zip
Email Address		
Will other principals or equity partners participate in this business? __ Yes __ No		If Yes, please list how many:
What will be your expected roll within the entity?		Have you identified how many licenses you would be interested in? __ Yes __ No <i>Specify how many of each type of facility below</i> Manufacturing _____ Retail _____
Have you identified the location? 1) Manufacturing_____ 2)Retail_____		

FINANCIAL INFORMATION

NET WORTH		LIQUID CAPITAL	
TOTAL NET WORTH		TOTAL LIQUID CAPITAL	
Are you seeking financing? __ Yes __ No			

BACKGROUND INFORMATION

Would you be a qualified equity owner based on the rules and regulations of the MMJ industry within your state? __ Yes __ No	If No, Please Explain:
Do you currently have a lobbyist? __ Yes __ No	
Please give us any additional information not outlined above you feel would be helpful in evaluating your position:	

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I / We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I / We recognize that TGS National, LLC. is not in any way obligated to offer a franchise to me/us because of my/our execution of this document. I / We acknowledge that any false statement on this application shall be considered sufficient cause to deny further consideration. I / We understand that an inquiry regarding my/our character, general reputation, personal characteristics, mode of living and financial background may be made as a result of this application and hereby authorize the release of this information to TGS National LLC. A photographic copy of this authorization shall be as valid as the original.

SIGNATURE

DATE

**TGS National, LLC
700 17th Street, Suite 2000
Denver, CO 80202
Phone: 720-399-6840**