

**Form A – Uniform Franchise Registration Application**

**UNIFORM FRANCHISE REGISTRATION APPLICATION**

File No. \_\_\_\_\_  
(Insert file number of immediately preceding filing of Applicant)

State: \_\_\_\_\_

Fee: \_\_\_\_\_

**APPLICATION FOR (Check only one):**

- \_\_\_\_\_ INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- \_\_\_\_\_ RENEWAL APPLICATION OR ANNUAL REPORT
- \_\_\_\_\_ PRE-EFFECTIVE AMENDMENT
- \_\_\_\_\_ POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor:
2. Name of the franchise offering:
3. Franchisor's principal business address:
4. Name and address of Franchisor's agent in this State authorized to receive service of process:
5. The states in which this application is or will be shortly on file:

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

**Certification**

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of \_\_\_\_\_ attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at \_\_\_\_\_, \_\_\_\_\_, 20\_\_

**Franchisor:**

\_\_\_\_\_

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_