



**Securities Division**  
 PO Box 9033  
 Olympia WA 98507-9033  
 360-902-8760  
 www.wa.gov/dfi/securities

<b>APPLICATION FOR A FRANCHISE BROKER LICENSE</b>				File #: (if known) _____
<input type="checkbox"/> Initial Application (\$50 Fee)		<input type="checkbox"/> Re-Application (\$50 Fee)		
<input type="checkbox"/> Renewal Application (\$25 Fee)		<input type="checkbox"/> Amendment (No Fee)		
NAME OF FIRM OR INDIVIDUAL			D.B.A.	
APPLICANT ADDRESS			CITY	
STATE/PROVINCE	ZIP	BUSINESS WEBSITE		
DATE AND STATE OF ORGANIZATION OR BIRTHDATE (Individual)		PHONE	E-MAIL ADDRESS	
NAME AND ADDRESS AND TELEPHONE NUMBER OF PERSON TO WHOM COMMUNICATIONS REGARDING THIS APPLICATION SHOULD BE DIRECTED:				
NAME				
ADDRESS				
CITY	STATE/PROVINCE	ZIP	PHONE	

**IMPORTANT NOTICE**

No person shall act as a franchise broker in this state until licensed by the Securities Division.

1. Attached hereto are the following exhibits:
  - a.  Check  Money Order  Online Payment (no exhibit required) in the amount of \$ \_\_\_\_ payable to the State Treasurer.
  - b. An irrevocable consent to service of process pursuant to RCW 19.100.160.
  - c. Broker and Principal disclosure page.
  - d. Broker and Principal employment history.
  - e. **A BALANCE SHEET PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND AS OF A DATE WITHIN 90 DAYS OF THE APPLICATION.**
2. **NOTICE REGARDING AMENDMENT REQUIREMENTS**  
 If there are any material changes that affect the application, a new application should be promptly submitted (no fee).
3. **FRANCHISE BROKER LICENSES EXPIRE ANNUALLY AT THE END OF THE CALENDAR YEAR**  
 An application for a franchise broker license should be submitted approximately fifteen business days prior to the end of the year with the renewal fee of \$25.00 in order to avoid a lapse in your license.

The undersigned applicant certifies under penalty of perjury under the laws of the State of Washington that the information and responses made in this application are true and correct:

\_\_\_\_\_ DATE

\_\_\_\_\_ BROKER OR PRINCIPAL SIGNATURE

\_\_\_\_\_ PRINT NAME OR TITLE

**Note: DFI takes steps to protect the confidentiality of personal information, to the extent permitted by law. However, all information collected by DFI becomes a public record and may be subject to inspection and copying by the public, unless an exemption or other protection in law exists. A copy of our privacy policy is available upon request.**

**POWER OF ATTORNEY FOR CONSENT TO SERVICE OF PROCESS**

**KNOW ALL PERSONS BY THESE PRESENTS:**

**That** \_\_\_\_\_ NAME **of** \_\_\_\_\_,

a company, corporation, association, joint stock company, co-partnership, trustee or individual (strike words not applicable),

\_\_\_\_\_ CITY \_\_\_\_\_ STATE, in accordance with the provisions

of Chapter 19.100 RCW and particularly RCW 19.100.160, Franchise Investment Act of Washington, does hereby make and give this irrevocable written consent that in suits, proceedings and actions arising out of our founded upon the sale of franchises within the State of Washington, the service on the Administrator of Securities of any notice, process or pleading therein shall be as valid and binding as if due service had been made on said entity or individual.

IN WITNESS WHEREOF, the said \_\_\_\_\_, a company, corporation, association, joint stock company, co-partnership, trustee, individual, (strike words not applicable), has hereunto affixed signatures thereof authorizing the same and has caused these presents to be executed by the President and Secretary, and authenticated by the corporate seal thereof, the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, in accordance with the resolution of the Board of Directors (trustees or managers of the corporation or association) thereof authorizing the same.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

Attest: \_\_\_\_\_  
(SECRETARY)

By \_\_\_\_\_  
(PRESIDENT, TRUSTEE, OR MANAGER)

\_\_\_\_\_  
(INDIVIDUAL)

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**CORPORATE ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, before me personally appeared \_\_\_\_\_, President, vice-president, secretary, or other title of the Corporation whose name is subscribed to the foregoing instrument, that the seal affixed thereto is the seal of said corporation, and that the instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and the said \_\_\_\_\_ and acknowledged to me that they executed the same as their free and voluntary act and deed of such corporation, for the uses and purposes therein set forth.

Given under my hand and seal of the office the day and year last above written.

(OFFICIAL SEAL) \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

**INDIVIDUAL ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known to the identical person...named in and who executed the foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes herein set forth

Given under my hand and seal the day and year last above written.

(OFFICIAL SEAL) \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing in \_\_\_\_\_

## BROKER AND PRINCIPAL LITIGATION DISCLOSURE

1. Has the broker or any of the broker's principals, officers or directors ever been convicted, within the past five years, of any misdemeanor involving a franchise or any felony involving moral turpitude?
2. Has the broker or any of the broker's principals, officers or directors ever been permanently or temporarily enjoined from engaging in or continuing any aspect of the franchise industry?
3. Has the broker or any of the broker's principals, officers or directors ever been the subject of an order or the director denying, suspending, or revoking registration as a franchise broker?
4. Has the broker or any of the broker's principals, officers or directors ever been found by any court, administrative body or arbitrator/arbitration panel to have engaged in dishonest or unethical practices in the franchise industry?
5. Has the broker or any of the broker's principals, officers or directors ever been the subject of an insolvency or bankruptcy proceeding?

If the answer to any of the above questions is "yes", give all pertinent details, including names, dates, case numbers and a summary of the allegations and findings in the space provided below. Attach additional sheets as necessary.

Give previous residence, employment, or occupation of the brokers, broker's principals, officers and/or directors for five years immediately preceding the date of this application and account with particulars for any lapse in employment as required by the following schedule, listing the most recent employment first.

FROM MO YR	FROM MO YR	APPLICANT'S ADDRESS DURING PREVIOUS PERIODS NO CITY STATE	EMPLOYER'S NAME AND ADDRESS NAME NO CITY STATE	EMPLOYER'S LINE OF BUSINESS	EMPLOYMENT OR POSITION HELD	IF NOT EMPLOYED BY OTHERS GIVE OCCUPATION	DESCRIBE TYPE OF SECURITIES, REAL ESTATE OR FRANCHISE SOLD IF ANY

**APPOINTMENT OF A FRANCHISE BROKER  
BY FRANCHISOR OR SUBFRANCHISOR**

(To be executed by the Franchisor or Sub-Franchisor)

I, \_\_\_\_\_, acting in my capacity as \_\_\_\_\_  
of \_\_\_\_\_ ("Franchisor") having been duly  
authorized to do so do hereby appoint \_\_\_\_\_  
("Franchise Broker") as a Franchise Broker to represent and act on behalf of the Franchisor in the offer or  
sale of franchises.

I have reviewed the Franchise Broker's Application for a Franchise Broker License and believe it to be truthful  
in its entirety, and assume responsibility for all acts of the Franchise Broker within the scope of the agency  
relationship.

\_\_\_\_\_  
NAME OF FRANCHISE BROKER

\_\_\_\_\_  
NAME OF FRANCHISE OFFERING

\_\_\_\_\_  
WASHINGTON FRANCHISE BROKER FILE NUMBER

By \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME/TITLE\*

\_\_\_\_\_  
NAME OF FRANCHISOR/SUBFRANCHISOR

\_\_\_\_\_  
ADDRESS LINE 1

\_\_\_\_\_  
ADDRESS LINE 2

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

\*Signatory must be a duly authorized officer or director.

**THIS FORM MUST BE COMPLETED BY EACH FRANCHISOR OR  
SUB-FRANCHISOR A FRANCHISE BROKER WILL BE REPRESENTING.**