Form I - Franchise Broker Registration Form

FRANCHISE BROKER REGISTRATION FORM

		FEE: <u>\$150.00</u>						
		(To be enclosed by Applicant a						
		time application is filed)						
1.	1. Name of Franchise Broker:							
2.	Franchise	Broker's principal business address and telephone number:						
3.	State whet	ther the Franchise Broker:						
	A.	Has an administrative, criminal or material civil action pending against that person alleging a violation of franchise, antitrust or securities law, o alleging fraud, unfair or deceptive practices, or any comparable allegations?						
		Yes No						
		If you answered "yes", please provide:						
		1. Names of the parties:						
		2. Forum, nature and current status of the pending action:3. Case or proceeding identification number:						
	В.	Has ever been convicted of or pleaded nolo contendere to a felony charge; or been held liable or enjoined in a civil action by final judgmen or been the subject of a material action involving an alleged violation of franchise, antitrust or securities law, or allegations of fraud, fraudulent conversion or misappropriation of property, unfair or deceptive practices or comparable allegations?						
		Yes No						
	If you answered "yes", please provide:							
		1. Names of the parties:						
		2. The forum:						
		3. Case or proceeding identification number:						

C.	Is subject to a currently effective injunction or restrictive order or decree resulting from a pending or concluded action brought by a public agency and relating to the franchise, or to a Federal, State or Canadian franchise, securities, antitrust, trade regulation or trade practice law.				
	Yes	No			
	If you answered "yes	", please provide:			
	 Name of the p Public agency Case or proce 				
		New York Secretary of State as agent to receive Process, a copy of which is enclosed.			
		Franchise Broker:			
		By:			
		Name:			
		Title:			
STATE OF					
(as	, to me known to be of the above 1	of, 20, the above-named e the person who executed the foregoing application name applicant) and, after being administered an aid application, and all exhibits submitted herewith,			
Notary Public My Commission Exp	ires:				

Instructions for Preparing Form I - Franchise Broker Registration Form

- 1. Insert the name of the Franchise Broker and any name under which the Franchise Broker is doing or intends to do business.
- 2. Insert the Franchise Broker's principal address and telephone number.
- 3. Answer "Yes" or "No" to each question (A, B and C). If the answer is "Yes" to any question, provide the requested additional information. For purposes of 3(B)., "hold liable" means that, as a result of claims or counterclaims, the person must pay money or other consideration, must reduce an indebtedness by the amount of an award cannot enforce its rights, or must take action adverse to its interest. Accordingly, dismissals concluding an adversary proceeding need not disclosed, but a settlement resolving an adversary proceeding must be disclosed if the person is held liable as defined above.
- 4. Include a copy of the Consent to Service of Process, designating New York's Secretary of State as agent to receive process.
- 5. Complete and sign the jurat
- 6. If a Franchise Broker is no longer soliciting or offering or selling franchises on behalf of the Franchisor, promptly notify the Department of Law by letter of the termination of that relationship.
- 7. The check for the filing fee of \$150.00 should be made payable to the "New York State Department of Law."
- 8. Mail the completed application and filing fee to:

New York State Department of Law Investor Protection Bureau 28 Liberty Street New York, NY 10005 • This form is to be used by a corporate applicant if the applicant is a foreign corporation.

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- Nonresident individuals and partnerships must use the form on the other side of this sheet.
- This form must be signed by either the president, vice president, secretary or treasurer of the foreign corporation.

STATE OF NEW YORK DEPARTMENT OF STATE

Division of Licensing Services

Uniform Irrevocable Consent and Designation Foreign Corporation

This irrevocable consent and designation	s made by			,
· ·	·	(Name of Corporation)		
a corporation incorporated under the laws of	the State of		on the	day of
, with its	principal office at			
			hereby irrevocable	ly submits to the
	(Name of Corpora	ion)		
jurisdiction of the courts of the State of New State of New York as its agent upon whom n in any action or special proceeding commen	nay be served any sum	nons, subpoena or of	•	•
By this consent and designation, the corp respects, as valid and binding as if personal	-		•	
IN WITNESS HEREOF, this consent and 20	-	by an authorized office	cer this	day of
D	(Name of Corpora			
Ву:	(Signature)			
Name:				
Title:				
State of				
County of				
On this day of		efore me personally	came	
		to me	known, and who, b	eing duly sworn,
did depose and say that (he)(she) resides in _			and tha	t (he)(she) is the
	(State)			
(Title)	of the corporation	n described in and wi	hich executed the at	oove instrument,
and that, by order of the board of directors o of the corporation by signing (his)(her) nam	_	she) has executed the	e above document f	or and on behalf
			Notary Public	

- This form is to be used by nonresident individuals and nonresident partnerships.
- Foreign corporations must use the form on the other side of this sheet.
- This form must be signed by all the partners of the foreign partnership.

STATE OF NEW YORK DEPARTMENT OF STATE Division of Licensing Services

Uniform Irrevocable Consent and Designation Individual and Partnership

(I)(we)					,
			(Name of Ind	lividual or Partners)	
hereby irrevoc designate(s) the	ably submi e Secretary her process	t(s) to the jurisdiction of State of the St	ction of the cou ate of New Yor	urts of the State of New k as (my)(our) agent upo	York, and, further, hereby irrevocably n whom may be served any summons, or special proceeding commenced in the
•			-		cretary of State shall be, in all respects, nd each of the partners) within the State
		F, this consent and	_	signed by (me) (us) this	
	Signed: _				_
	Address:				_
	Signed: _				_
	Address:				_
	Signed: _				_
	Address:				_
State of					
County of					
					came be the person(s) who (is) (are) named in
					that (he)(she)(they) executed the same.
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