



OPERATION MESS HALL FRANCHISE APPLICATION

Contact/Personal Information

Name _____
Address _____

Phone _____
Email _____
Marital Status Single ___ Married ___
D.O.B. _____

Military / Employment Experience

Military Branch _____
of years served _____
Last Year Served _____

Employer/Supervisor	Dates(from-until)	Job Description
1		
2		
3		

Do you have experience running a business/restaurant? Yes / No

If yes, describe business/restaurant experience

Are You willing to complete a free business course? Yes /No

Explain why you think you will be successful at owning and managing a food truck.

References

Name	Contact Information (address, email, or phone – choose two)	Relationship

I give permission for my credit to be checked as part of this application. Yes / No

Signature

Date

Please mail completed application to:

Life Renewed / Operation Not Forgotten
c/o Steve Schiffman
6141 Shallow Wood Lane
Douglasville, Ga. 30135

Questions: Email – steve@liferenewed.org

You will be contacted and information regarding the next steps in the franchise process will be sent when your application is processed.