

Healthy Living Kiosk / Try Before You Buy Spa

License Application Form

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Email: tcs@nutragroupinc.com
Website: trybeforeyoubuyspa.com

LICENSE APPLICATION

Please complete all sections accurately. This application is used to assess eligibility for a Healthy Living Kiosk / Try Before You Buy Spa Licensing Agreement.

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1. Applicant Information

First Name: _____
Middle Name: _____
Last Name: _____

Address: _____
City: _____
Province / Territory / State: _____
Postal / ZIP Code: _____

Primary Phone: _____
Email: _____

Current Occupation / Business: _____
How Long? _____

Date of Birth (DD/MM/YYYY): ____ / ____ / _____

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2. Business Structure & Ownership

Business Structure (select one)

☐ **Sole Proprietorship**
☐ **Partnership**
☐ **Corporation**

Business Name (if applicable)

Business Location (City / Province / State)

Directors / Owners / Partners

(List all individuals with ownership, voting rights, or decision-making authority)

Full Name	Role / Title	Ownership %	Phone	Email
_____	_____	_____%	_____	_____
_____	_____	_____%	_____	_____
_____	_____	_____%	_____	_____

(Add additional rows if needed.)

Corporate Registration Details (if applicable)

- **Business Registration Number: _____**
- **Jurisdiction of Incorporation: _____**
- **Date of Incorporation: _____**

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3. Business Experience

Have you ever owned a business?
☐ Yes ☐ No

Describe your business experience:

(Attach additional sheets if needed.)

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4. Education Background

5. Housing & Financial Information

Do you rent or own your residence?
☐ Rent ☐ Own

Type of residence: ☐ House ☐ Condo ☐ Apartment

Mortgage:
☐ Yes — Monthly/Biweekly Payment: $_____
☐ No

Current Net Worth (Assets – Liabilities): $_____

Liquid Funds Available: $_____

Funds Available to Invest: $_____

Additional financing plans (if needed):

If borrowing, have you been approved?
☐ Yes ☐ No Amount: $_____

6. Location & Opening Preferences

Desired Territory / Location:

Preferred Opening Date:

7. Personal Motivation

What interests you about the wellness industry and Healthy Living Kiosk / Try Before You Buy Spa?

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8. Authorization & Signature

I hereby authorize **Healthy Living Kiosk / Try Before You Buy Spa** to make inquiries as required to confirm the accuracy of the statements made in this application for the purpose of determining my eligibility. I certify that the information provided is true and complete as of the date below.

Signature: _____

Date (DD/MM/YYYY): ____ / ____ / _____

Disclaimer

This application does **not** constitute an offer for the sale or use of a Healthy Living Kiosk / Try Before You Buy Spa Licensing Agreement. An offer can only be made upon formal approval by both parties. The Licensor reserves the right to accept or refuse any application.