

Exhibit B

To Uniform Offering Circular (“UFOC”)

APPLICATION FOR A CREATIVE WEBSITES INC. FRANCHISE

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Application for a Franchise Agreement – UFOC Exhibit B – Page 1**

It is highly recommended that you seek legal counsel and review this document with your financial advisor.

Initials: Franchisee(s) _____, Franchisee Attorney _____, Franchisee CPA _____

APPLICATION FOR A CREATIVE WEBSITES INC. FRANCHISE

This application is intended to qualify you and your business associates to operate a Creative Websites Inc. Franchise. All individuals who will have ownership in the Franchise (including corporations, sole proprietors, limited liability companies, partnerships, DBAs, etc.) must complete this application.

Personal Information

_____ Date
_____ Name (Last Name First)
_____ Social Security Number
_____ Present Address (Street)
_____ Present Address (Post Office Box)
_____ City, State ZIP
_____ Permanent Address (Street)
_____ Present Address (Post Office Box)
_____ City, State ZIP
_____ Daytime Phone
_____ Home Phone
_____ Cell Phone
_____ Fax Phone
_____ Email Address

How did you find the Creative Websites Inc. Franchise Opportunity?

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_____ Franchise Territory Desired
 _____ Date you can start
 _____ Are you currently employed?
 _____ May we contact your current employer?

By signing this application you hereby authorize us to contact your references, including but not limited to the following: Friends, Family, Current and Prior employers, Bank or other financial institutions, obtain a credit report from one or more of the credit reporting services, and other such investigation as we feel necessary.

Assets and Liabilities

Please complete this section and list your current liabilities and assets or provide a complete Profit and Loss Statement (to be attached). This is necessary to qualify you financially to operate your franchise. Be as detailed as possible including contact names and phone numbers.

ASSET	VALUE	LIABILITY	BALANCE
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

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Education History

_____	High School	_____	Years Attended
		_____	GPA
		_____	Date Graduated
_____	College	_____	Years Attended
		_____	Major
		_____	GPA
		_____	Date Graduated

List below other trade, business, seminars, etc., that you have attended.

General Information

Please list hobbies and other activities that may assist us in the qualification process.

Employment Information (Present and Prior Employers)

Please list below all your prior employers starting with the most recent. The information should include all the listed categories and your responsibilities and accomplishments. Be as detailed as possible. You may attach this information separately if you wish.

Dates	Name and Address	Contact Person	Phone Number(s)	Salary	Position	Reason for Leaving

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Dates	Name and Address	Contact Person	Phone Number(s)	Salary	Position	Reason for Leaving

References

Please list below the names of three business associates not related to you who you have known at least one year.

Name	Address	Phone Number(s)	Years Known

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Please list below two personal references such as friends or family members.

Name	Address	Phone Number(s)	Years Known

Please list below your banking contact, financial planner and/or accounting contact.

Name	Address	Phone Number(s)	Years Known

Have you ever declared bankruptcy? _____ If yes, explain the circumstances in detail and when the bankruptcy was discharged. _____

Do you have a criminal record? _____ If yes, explain. _____

Do you have or have you had any lawsuit filed against you or your business partners? _____

If yes, explain. _____

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Short-Term Goals

Please list below your short-term business, financial and personal goals for 1 to 5 years in the future. _____

Long-Term Goals

Please list below your long-term business, financial and personal goals for 6 to 10 years in the future. _____

Certification and Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if a Franchise is granted falsified statements on this application may be grounds for Franchise termination.

I authorize investigation of all statements and references contained herein by whatever legal means CWI deems appropriate.

I authorize past and current employers, friends, business contacts and relatives to give Creative Websites Inc. any and all information concerning my previous activities relating to the matters in this Application, and release Creative Websites Inc. from all liability for any damages that may result from utilization of such information.

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I also understand and agree that no representative of Creative Websites Inc., other than the President and/or CEO, has any authority to enter into any agreement for this Franchise opportunity without prior approval of said principals of Creative Websites Inc.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Thank you for your cooperation. Please send the completed application to the address below. Creative Websites Inc. will evaluate the information contained herein and respond to you as soon as possible. If you have any questions or need additional clarification, please do not hesitate to call us at 208.406.6260.

Creative Websites Inc. National Headquarters
Attention: Franchise Applications
195 South Robison Drive
Idaho Falls, Idaho 83406

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