



KOKOMO'S LLC

**376 S Bayview Ave.
Freeport, NY 11520**

**516 265 8101
www.kokomosnuts.com**

Distributor's Application

Name _____ Business Phone () _____
Address _____ Home Phone () _____
City _____ State _____ Cell Phone () _____
Email Address _____ Fax () _____
Own/Rent _____ How long at the above address _____
Citizenship _____ Social Security Number _____
Marital Status _____ Spouse or Partner's Name _____
Spouse's Occupation _____

Business Experience Present Occupation:

Position and Salary _____
Company _____ Supervisor _____
Address & Phone # _____
Describe duties, number of employees supervised and responsibilities:

Sales or Business Experience:

How did you become interested in a KoKoMo's Nuts Distributorship and why?

Have you ever owned or had an interest in any operation within the route service industry?
YES/NO

If yes, please provide details: _____

Have you ever been self-employed? YES/ NO If yes, please explain:

Have you ever been involved in any litigation or arbitration with respect to your previous business history? YES/NO If yes, please explain:

Will you work in the business full time? YES/ NO

Who will be responsible for the day-to-day operations?

How many hours per week would you devote to the distributorship?

Will you have business partners or additional investors? YES/ NO

If yes, please provide name of each partner:

If married, will your spouse be involved in the business? YES/ NO If yes, how much involvement?

Location Preferences: Please specify which geographic areas you are interested in by order of preferences (Please include City and State, Zip Code.)

1. _____

2. _____

3. _____

When will you be available to open a KoKoMo's Nuts Distributorship?

Education

Did you complete high school? YES/ NO College or University: _____

City: _____ State _____ Any Post Graduate Studies:

Degrees Obtained: _____

Additional Education: _____

Describe any training in sales, management, or industry related fields:

Do you think the success or failure of the business is primarily your responsibility?

Please Comment:

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or are you currently involved in a criminal proceeding?

Additional information or Comments:

If additional space is required, please do not hesitate to attach extra sheets of paper

References:

Business

1. Name: _____ Position: _____ Employer _____

Address: _____ Telephone: _____

2. Name: _____ Position: _____ Employer _____

Address: _____ Telephone: _____

Personal

1. Name: _____ Position: _____ Employer _____

Address: _____ Telephone: _____

2. Name: _____ Position: _____ Employer _____

Address: _____ Telephone: _____

Bank and Credit

1. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

2. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

3. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

Please submit or return sign application by email to armand@kokomosnuts.com

or mail to: KOKOMO'S LLC, 376 S Bayview Ave. Freeport, NY 11520