



Franchise Application

CONTACT INFORMATION

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH E-MAIL

HOME PHONE CELL PHONE WORK PHONE

Are you married? Yes No If yes, spouse's name _____

Will you have other owners/partners? Yes No I don't know

If Yes, please list partner's name(s) _____

If you are financially qualified, would you be interested in being an Area Director? Yes No

SECTION 1

EMPLOYMENT

Are you: Self employed or Employed

If Yes to either of the above, please provide the following:

NAME OF YOUR COMPANY or EMPLOYER	POSITION	TYPE OF BUSINESS

SECTION 2

FINANCIAL INFORMATION

Do you have \$70,000 or more in liquid assets available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have \$300,000 or more net worth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your credit score 649 or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PERSONAL INFORMATION

- | | | | |
|---|------------------------------|-----------------------------|---|
| 1. Has any applicant ever filed for bankruptcy protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If you answer Yes to any question, please explain in Section 7 below |
| 2. Has any applicant ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. Has any applicant ever had any suits, liens or judgments filed against them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Has any applicant ever been associated directly or indirectly with terrorist activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
- If yes, list name of business and family relationship: _____
- | | | |
|---|------------------------------|-----------------------------|
| 6. Are you or anyone in your immediate family employed by a quick service restaurant concept? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, list name of employer and family relationship: _____ | | |
- | | | |
|---|------------------------------|-----------------------------|
| 7. Are you or anyone in your immediate family currently under any form of non-competition agreement that limits your right to operate any type of business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

SECTION 3

SECTION 4

