

# Confidential Franchise Application



## Personal Information

Name \_\_\_\_\_ Previous address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_  
How long at this address? \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Do you own or rent? \_\_\_\_\_ Date of birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's name \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Citizen of USA? Yes \_\_\_ No \_\_\_ (what country?) \_\_\_\_\_  
Email \_\_\_\_\_  
May we contact you at your business number? \_\_\_\_\_

## Business Experience

Present occupation \_\_\_\_\_  
Position \_\_\_\_\_ Company \_\_\_\_\_ Address \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_  
Describe duties, number of employees supervised and responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES (PREVIOUS EXPERIENCE)	COMPANY	ADDRESS IN FULL	SALARY	POSITION
1. _____ to _____	_____	_____	_____	_____
2. _____ to _____	_____	_____	_____	_____

Have you ever operated or participated in operation of a restaurant? \_\_\_\_\_  
If yes, name of operation and location \_\_\_\_\_  
\_\_\_\_\_

## Personal Information

How did you learn about us? \_\_\_\_\_  
\_\_\_\_\_  
Have you or your family ever been affiliated with or employed by Quality Restaurant Ventures or Sobik's Subs? \_\_\_\_\_  
If yes, give details \_\_\_\_\_  
Will you devote full time to this business? \_\_\_\_\_. If not, who will manage the operation? Name \_\_\_\_\_  
Will this managing person have an equal investment? \_\_\_\_\_  
When will you be able to open business? \_\_\_\_\_  
In what city or area are you interested? (Please be as specific as possible) \_\_\_\_\_  
1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_  
Have you ever failed in business? \_\_\_\_\_. If yes, explain \_\_\_\_\_  
\_\_\_\_\_

# References and Financial Information

## REFERENCES:

### Bank 1:

Name \_\_\_\_\_ Address \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

### Bank 2:

Name \_\_\_\_\_ Address \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

## BUSINESS:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

## PERSONAL:

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

<b>ASSETS:</b>	<b>Current</b>	<b>LIABILITIES:</b>	<b>Current</b>
Cash on Hand (Unrestricted Banks)	\$	Notes Payable to Banks	\$
Stocks and Bonds		Notes Payable to Others and Credit Cards	
U.S. Government Securities		Loans Against Life Insurance	
Accounts and Loans Receivable		Mortgage on Real Estate	
Life Insurance (Cash Surrender Value)		Other Liabilities	
Real Estate			
Other Assets (Itemize)			
Total Assets	\$	Total Liabilities	\$
		<b>Total Assets and Total Liabilities = Net Worth</b>	<b>\$</b>

**ANNUAL INCOME:** \_\_\_\_\_

Your Salary: \_\_\_\_\_

Interest: \_\_\_\_\_

Spouse's Salary: \_\_\_\_\_

Dividends: \_\_\_\_\_

Commissions: \_\_\_\_\_

Other Income: \_\_\_\_\_

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct. I authorize you to verify the information on this application.

**PROCESSING OF THIS APPLICATION WILL NOT BEGIN UNTIL ALL INFORMATION IS SUBMITTED.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_