



FRANCHISE APPLICATION

Complete and Return to Troy Barton at troy@pizza-at.com

FRANCHISE APPLICATION

I. IDENTITY OF OWNER (check one)

Corporation

Name of Corporation _____

State or Country of Incorporation _____ Date of Incorporation _____

Primary Business of Corporation _____ Number of Shareholders _____

Name _____ % Owned _____

Name _____ % Owned _____

Name _____ % Owned _____

Name of Officers:

President _____

Vice President _____

Secretary _____

Treasurer _____

If any officers have restaurant experience please give a summary of the resume:

Sole Proprietorship

Name of Owner _____

Partnership

Name of Partners _____

Limited Partnership

Name of Partnership _____

State or Country of Authority _____

Name of General Partner _____

Names of Limited Partners _____ % Owned _____

Are any partner a corporation? _____.

FORM A – PERSONAL FINANCIAL STATEMENT (Side 1)

I. Personal

Name _____ Home Phone # _____

Home Address _____

City _____ State _____ Zip Code _____

Number of years lived there _____ Check one: Own _____ Rent _____

Mailing Address _____ Date of Birth _____

City _____ State _____ Zip Code _____ S.S. # _____

Marital Status _____ Name of Spouse _____

Name of Dependents; if any _____

Are you a partner or officer in any other venture? _____ Describe _____

Are you a defendant in any suits or legal actions? _____ Describe _____

Have you ever taken bankruptcy? _____ Describe _____

Are you or your spouse ever been a member of the U.S. Armed Forces? _____

Personal References _____

(name, address, phone #, # of years known)

(name, address, phone #, # of years known)

II. Professional Background (check where applicable)

Education (Check: Highest level Completed)

High School _____ Name of Institution _____

Some College _____ Name of Institution _____

College Degree _____ Name of Institution _____

Advanced Degree _____ Name of Institution _____

Current occupation _____ Employer _____

Address of employer _____

(city, state, zip code)

Phone # of Employer _____ Length of employment _____ Salary _____

Brief review of last five (5) years of employment _____

Professional References _____

(name, address, phone #, # of years known)

(name, address, phone #, # of years known)

FORM A – PERSONAL FINANCIAL STATEMENT (Side 2)

ASSETS	LIABILITIES
Cash on hand and in banks	Notes payable to banks (secured)
U. S Gov. Securities –see schedule A	
Listed securities – see schedule A	Notes payable to banks (unsecured)
Unlisted securities –see schedule A	
Loans receivable	Notes payable to others (secured)
Real estate mortgages receivable- See schedule B	
Real Estate owned –see schedule C	Notes payable to other (unsecured)
Automobiles and other personal property	
Cash value –life insurance –see schedule D	Accounts and bills due
Other assets -itemize	
TOTAL ASSETS	Unpaid Income Tax
	Other unpaid taxes and interest
SOURCES OF INCOME	
Salary	Real estate mortgages payable
Bonus & Commissions	See Schedule
Dividends	Chattel mortgages & other liens payable
Real estate income	
Other income- itemize	
	Total Liabilities
	Net Worth
TOTAL	TOTAL LIABILITIES & NET WORTH

Are any assets pledged? _____ See Schedule E.

FORM B – BUSINESS FINANCIAL STATEMENT (Side 1)

Statement of _____ Financial Statement as of _____

Street Address _____ City and State _____

ORGANIZATION (Check one)

Proprietorship _____

Partnership _____

Corporation _____

Limited Partnership _____

If incorporated, in what State?	Contingent Liabilities
When Incorporated?	As endorser, co-maker or guarantor
Authorized Capital?	
Subscribed Capital?	Other special debt
Paid in Cash?	On leases or contracts
Paid otherwise?	Legal claims
How Paid?	Amount of contested income tax liens

Past or Present Finance Sources

Source	Loan officer	Active Since	High Credit	Outstanding Balance	Interest rate (%)	Guarantor

Please provide bank account information on Schedule F.

FORM B – BUSINESS FINANCIAL STATEMENT (Side 2)

PLEASE ANSWER ALL QUESTIONS AND FILL IN ALL BLANKS

ASSETS		(omit cents)	LIABILITIES		(omit cents)
Cash in Banks	\$		Accounts Payable	\$	
Cash on hand			Notes Payable on Merchandise		
Accounts Receivable			Other Notes Payable		
Notes Receivable			Borrowed from Banks Secured		
Accounts and Notes Receivable			Borrowed from Banks Unsecured		
From Officers, Partners,			Borrowed from Others (Whom?)		
and Employees			Income Taxes: Due on last		
Merchandise			Year's Profits Accrued on		
Real Estate (See Schedule C)			Current Year Profits		
Machinery, Tools,			Other Accruals		
Furniture and Fixtures					
Notes and Accts. Receivable			Mortgage on Real Estate		
from Affiliated Cos.			(Describe Below)		
Other Assets (Describe)					
			Other Mortgages (On What?)		
			TOTAL LIABILITIES	\$	
			CAPITAL	\$	
			SURPLUS	\$	
			NET WORTH	\$	
TOTAL ASSETS	\$		TOTAL (Must agree with Total Assets)		

Are any assets pledged? _____ See Schedule E.

FORM C – LIST OF SCHEDULES

Schedule A – U.S. Government Stocks and Bonds Owned			
No. of Shares or face value (bonds)	Description	In name of	Market Value

Schedule B – Real Estate Mortgages Receivable				
Description of property covered	Date Acquired	In name of	Amount	Maturity

Schedule C – Real Estate Owned						
Description of property and improvements	Date acquired	Title in name of	Cost	Market Value	Mortgage Amount	Mortgage Maturity

Schedule D – Life Insurance Carried, Incl. N.S.L.I. and Group Insurance				
Amount	Name of company	Beneficiary	Cash Surrender \$	Loans

Schedule E – Assets Pledged		
Description	Value	To whom pledged

Schedule F – Bank Accounts					
Bank	Officer	Type	Since	Balance	Account #

FORM D – BUSINESS PLAN

Please give any additional information that would be helpful in understanding your business plan for the operation. Attach additional pages if necessary.

Number of Restaurants Planned to Start: ___ Within 2nd Year? ___ 3rd Year? ___ 4th Year? ___

Name of Officer to Oversee the Pizza @ Operation _____

Years of Business Experience: _____

Name of Person to Manage the Pizza @ Operation _____

Years of Business Experience: _____

Explain how your business experience can be helpful in a restaurant service operation:

FRANCHISE PREFERNCES (check only one)

Franchise _____

Multi-Unit Franchise _____

GEOGRAPHICAL PREFERENCES

	Zip Code (s)	City (s)	County (s)
1 ST Choice	_____	_____	_____
2 nd Choice	_____	_____	_____
3 rd Choice	_____	_____	_____

PAST/PRESENT BUSINESS OPERATIONS

Name of Business _____

Owner _____

Address _____

City _____ State/Zip _____

Phone Number _____ Years in Business _____

Number of Locations _____ Number of Employees _____

**** Verification of financing from a certified source is necessary before final execution of a franchise agreement.**