



Mr. Goodcents® Subs & Pastas

FRANCHISE APPLICATION

PERSONAL INFORMATION

Name: _____ SS# _____
LAST FIRST MIDDLE
 Address: _____ How long? _____
 City, State, Zip: _____
 Home Phone: _____ Business Phone: _____ E-mail address: _____
 Previous Address: _____ How long? _____
 Own or rent your home: _____
 U.S. Citizen: Yes No
 Marital Status: Married Single Separated Divorced
 Spouse's Name: _____ SS# _____
 U.S. Citizen: Yes No
 Children living at home (Names, Ages): _____
 What civic or professional groups do you or your spouse belong to? _____

BUSINESS EXPERIENCE

From	To	Company	Duties/Title	Annual Income

Is your spouse employed? Yes No

From	To	Company	Duties/Title	Annual Income

Please attach resume(s), if available.

EDUCATION

School	Degree/Major Subject	Yr Completed

THE FRANCHISE

Type of entity you will operate as franchisee: Corporation Sole Proprietorship LLC Partnership

If you plan to operate as a partnership, limited liability company, or corporation, please list partners or shareholders and ownership %:

 (A financial statement must be submitted for each partner or shareholder)

Who will operate your franchise? Self Spouse Other, Please explain _____
 Full time Part time

Will the franchise be your primary source of income? Yes No

What experience do you have in the food service industry? _____

Do you own or have you ever owned a franchise or a business of your own? Yes No

Please explain: _____

List your preferences for location: 1) _____ 2) _____ 3) _____

When would you like your restaurant to open? _____

How did you first hear about Mr. Goodcents®? Restaurant Magazine Internet Other _____

FINANCIAL

As of _____, 20__ Statements of my individual financial condition self & spouse.

Statement of Net Worth:

ASSETS	Current Yr	Previous Yr	LIABILITIES	Current Yr	Previous Yr
Cash in Bank: Checking and Savings			Credit Card Balance:		
Marketable Stocks and Bonds (do not include Retirement /IRA accounts)			Credit Card Balance:		
			Credit Card Balance:		
Real Estate: Home, fair market value			Real Estate: Home, amount owed		
			Home Equity Loan balance		
Other Real Estate:			Other Real Estate: amount owed		
Auto (year & make)			Auto- loan balance		
Auto (year & make)			Auto- loan balance		
Cash Surrender Value of Life Insurance					
Retirement / IRA account balances			Other Liabilities (describe):		
Gift letter from: _____					
Other Assets (describe):					
TOTAL ASSETS			TOTAL LIABILITIES		
NET WORTH (Total Assets minus Total Liabilities)					

FINANCIAL

Statement of Monthly Income and Expenditures:

As of _____, 20__ Statements of my individual financial condition self & spouse.

MONTHLY INCOME	Current	MONTHLY EXPENDITURES	Current
Gross Salary or Wages - Applicant		R/E-Home Loan Payments or Rent	
Gross Salary or Wages - Spouse		Estimated Living Expenses	
Bonus & Commission		Payments on Credit Cards	
Business or Professional Income		Payments on Auto loans	

Dividends & Interest		Personal Property Taxes & Insurance	
Rental Income (Gross)		Real Estate Taxes & R/E insurance	
Other Income (describe)		Federal and State income taxes	
		Health Insurance premium payments	
		Other Expenses:	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENDITURES	

How much available cash do you have to invest in your business? _____

How much available cash do you plan to invest in your business? _____

Sources: Checking/Savings Marketable Stocks and Bonds Gift letter (no repayment required)
 Applying for Home Equity loan Cashing in Retirement/IRA funds
 Other: Explain _____

Contributions from shareholders. If checked, please list shareholders' name and each shareholder's respective dollar amount:

Name: _____ Amount: _____
Name: _____ Amount: _____
Name: _____ Amount: _____
Name: _____ Amount: _____

Can you obtain financing for a loan for one restaurant (estimated amount of **\$200,000**)? Yes No

Can you obtain financing for 3+ restaurants? (for area development only) Yes No

Do you currently have a source of financing? Yes No Bank Name: _____

Are you willing to use your personal assets as collateral to finance your business? Yes No

Please explain _____

Are any lawsuits pending against you? Yes No

Please explain _____

Have you ever been convicted of a crime (except traffic misdemeanors)? Yes No

Please explain _____

Have you ever filed for bankruptcy or compromised a debt during the past seven years? Yes No

Please explain _____

Are your cash deposits held in joint tenancy? Yes No With whom? _____

Any partners, shareholders or members of a partnership, corporation or limited liability company must also complete a copy of this application and provide the financial information. If applying as a corporation or limited liability company, please provide the financial statement for the corporation or limited liability company at the end of the last fiscal year and profit and loss statement from the end of the last fiscal year to the date of application, in compliance with general accepted accounting principals.

I certify all information provided in this application, including financial data is correct.

By signing this application I authorize investigation, including preparation of credit reports, of all statements contained herein, and the financial information disclosed herein, and releases all parties from any liability for any damage that may result from this investigation. Application is valid in its original, faxed or copied form.

We will use the information you have provided us to assess your potential to become a qualified franchisee. We do not guarantee or warrant that you will be able to obtain financing for your business if you are approved as a Mr. Goodcents Franchise Systems, Inc. franchisee.

Thank you for completing this confidential application.

This is not a commitment by you, nor by Mr. Goodcents® Franchise Systems, Inc.

I authorize Mr. Goodcents® Franchise Systems, Inc. and/or the agency of their choice to collect information pertaining to litigation history, criminal convictions, personal references, credit reports, and any other reports needed in completing a background investigation check. I further release any and all parties from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency, court or administrative body arising from the retrieving, reporting, and use of this information.

The following information is needed solely for criminal record checks: Sex: Male Female

AKA or Maiden Name: _____

Signature _____ Date _____

- By checking this box, you are confirming you have read and agreed to the information in this Application and authorize Mr. Goodcents® Franchise Systems, Inc. to proceed as stated in form.