



EGGS UP GRILL

CONFIDENTIAL APPLICANT QUESTIONNAIRE FOR PROSPECTIVE FRANCHISEES

Applicant Name: (First, Middle, Last) _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City _____ State _____ Zip _____

Citizen: Yes _____ No _____

(H) Phone: _____ (W) Phone: _____ Fax: _____

E-mail: _____

Best time to contact: _____ Best place to contact: _____

If married, spouse's name: _____

Is Co/Applicant your spouse? _____ Yes _____ No

Co/Applicant Name: (First, Middle, Last) _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City _____ State _____ Zip _____

Home Address: _____

Citizen: Yes _____ No _____

(H) Phone: _____ (W) Phone: _____ Fax: _____

E-mail: _____

Best time to contact: _____ Best place to contact: _____

THIS APPLICATION WHEN COMPLETED DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER.

Will one of you continue to work at your current place of employment after the franchise is awarded?

Yes _____ No _____

If yes, who? Self _____ Spouse _____ Co/Applicant _____

In what city, county and state would you like to own a franchise?

City: _____ State: _____

Do you have a specific mall or shopping center in mind? _____

Do you now own any other franchises or business? Yes _____ No _____

If yes, please describe:

Have you ever failed in business or filed voluntary or involuntary bankruptcy?

Yes _____ No _____

If yes, please list when where, and circumstances including any remaining liabilities:

Are there any lawsuits pending against you? Yes _____ No _____

If yes, please describe:

Have you ever been charged with or convicted of a crime or act of moral wrongdoing?

Yes _____ No _____

If yes, please describe:

Are you a US Citizen? Yes _____ No _____

If no, in which country do you hold a citizenship? _____

Where will the funds come from to meet the requirements of the estimated start-up costs?

Source: _____ Dollar Amount: _____

Do you plan to have a partner (other than your spouse or Co/Applicant)?

Yes _____ No _____

Do you anticipate obtaining a loan to assist you in funding this franchise opportunity?

Yes _____ No _____

FINANCIAL INFORMATION

Please provide a current (within 30 days) personal financial statement for each applicant and/or co-applicant with your application.

RESUME

Please provide a current resume for each applicant and/or co-applicant with your application.

SIGNATURES

The purpose of the Eggs Up Grill Franchise Application is to provide information allowing us to evaluate your qualifications and background. This application does not bind or obligate either you or Egg Ventures, Inc. in any manner. Egg Ventures, Inc. will rely on the accuracy of this information in determining if you are qualified to be considered for a franchise. All information is strictly confidential. However, your signature below authorizes Egg Ventures, Inc. to verify any or all information provided in this application with your banks, with credit agencies and/or landlords and for them to release any information requested by Egg Ventures, Inc.

I authorize Egg Ventures, Inc. to release a copy of this information to my banks, credit agencies and landlords. To the fullest extent possible, I release said companies, entities and Egg Ventures, Inc., and their representatives, employers and agents, from any and all claims or liabilities for issuing such information or from damage or claims resulting from this investigation.

I certify the information I have provided on this application is complete and accurate. I hereby authorize Egg Ventures, Inc. or its authorized agent to obtain verification of any of the above information, and I authorize the release of such information to Egg Ventures, Inc. or its authorized agent.

Signature of Applicant: _____

Date: _____

Signature of Co/Applicant: _____

Date: _____