

Franchise Application

This application is your first step. Please fill this application out completely. Make sure you don't skip any questions or leave out any information. This is not a contract so there is no obligation for either of us. All information will be held in strictest confidence.

Your Personal Information

Name _____ Social Security Number ____/____/____
Last First Middle Initial

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Birthplace _____ Birth date ____/____/____ US citizen? Yes No

Spouse's Name _____ Social Security Number ____/____/____

Any Children? Yes No Names and Ages _____

Last year attended school _____ Name of School _____ Degree _____

Are you involved in any civic, social, scholastic or fraternal organizations? Please tell us about them.

What hobbies or activities do you enjoy in your spare time? _____

Your Personal References

Please list the name, relationship and daytime phone numbers of three personal references you have known for at least five years.

1. _____
2. _____
3. _____



Cheese Steak Franchise Corporation
734 Alfred Nobel Drive, Hercules, CA 94547
510-724-7100 (tele) 510-724-7103 (fax)

Your Business Information

1. Your Most Recent Employer

Dates Employed _____ / _____
From To

Company Name _____ Phone Number _____

Street Address, City, State, Zip _____

Final Job Title _____ Final Annual Compensation _____

Name of Immediate Supervisor _____ May We Contact Them? _____

Your Responsibilities _____

2. Your Previous Employer (Most Recent)

Dates Employed _____ / _____
From To

Company Name _____ Phone Number _____

Street Address, City State, Zip _____

Final Job Title _____ Final Annual Compensation _____

Name of Immediate Supervisor _____ May We Contact them? _____

Your Responsibilities _____

Have you owned any other businesses not listed? Yes No

If yes please tell us about them _____

Have you had any previous restaurant experience? Yes No

If yes, please tell us about it _____

Any other current business interests? _____

Have you ever been convicted of a crime, other than a traffic violation, or have been refused bond or been involved in any legal action? Yes No If yes, please provide circumstances _____

You and The Cheese Steak Shop

How did you learn about The Cheese Steak Shop? _____

Why do you want to be a franchise owner of a Cheese Steak Shop restaurant? _____

Will you operate and manage your Cheese Steak Shop restaurant on a full time basis? Yes No
If no, please explain _____

If your application is approved, when would you like to open your Cheese Steak Shop? _____

Are you willing to spend as much as four weeks attending our training class? Yes No

Where would you like your Cheese Steak Shop restaurant located? (Please list locations in order of preference)

1. _____

2. _____

3. _____

How much capital are you prepared to invest in a Cheese Steak Shop restaurant? _____

How will you finance the remainder? _____

Name your financing sources and terms _____

Your Business References

Please list the name and daytime phone numbers of three business references you have known for the past five years.

1. _____

2. _____

3. _____

Your Financial Information

Statement of financial Condition as of: ___/___/___

ASSETS

CASH

Bank Name(s) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Stocks, Bonds, Securities (itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Real Estate(owned)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other Notes Receivable

_____ \$ _____

_____ \$ _____

Automobiles _____ \$ _____

_____ \$ _____

Other Personal Property

_____ \$ _____

_____ \$ _____

Life Insurance(cash value)

_____ \$ _____

Other Assets(itemize)

_____ \$ _____

_____ \$ _____

TOTAL ASSETS	\$
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LIABILITIES

NOTES PAYABLE

Bank Name(s) _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Institution(s) _____ \$ _____

_____ \$ _____

_____ \$ _____

Others _____ \$ _____

_____ \$ _____

Real Estate Mortgages Payable

_____ \$ _____

_____ \$ _____

_____ \$ _____

Accounts and Bills Due

_____ \$ _____

_____ \$ _____

Unpaid Taxes _____ \$ _____

_____ \$ _____

Other Debts(itemize)

_____ \$ _____

_____ \$ _____

Life Insurance Loans

_____ \$ _____

TOTAL LIABILITIES	\$
LESS ASSETS	\$
TOTAL NET WORTH	\$

Your Annual Income

Salary _____ \$ _____

Spouse's Salary _____ \$ _____

Bonuses & Commissions _____ \$ _____

Interest & Dividends _____ \$ _____

Other Income(itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME	\$
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Your Annual Expenditures

Mortgage/Rent Payments _____ \$ _____

Utility Payments _____ \$ _____

Taxes _____ \$ _____

Insurance Payments _____ \$ _____

Other Expenses (itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENDITURES	\$
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Your Authorization

I understand that any information that I have received from The Cheese Steak Franchise Corporation is being made available to me as a result of this application. It shall be held in the strictest confidence. My signature below authorizes any bank, S&L, insurance company or other financial institution to release to The Cheese Steak Franchise Corporation any and all information concerning my accounts, including deposits withdrawals or other financial transactions. I further authorize the release of any information regarding my character, credit standing or past employment. This authorization shall be valid for information up to the date hereof and for ninety days.

Signed _____ Date _____