

Application & Financial Questionnaire



Thank you for your interest in **Phil's Philly Grill** and our Franchising Program. We look forward to getting to know you, both personally and professionally, and ask that you complete this document and return it to our corporate offices. If you should have any questions or need any assistance, please do not hesitate to call.

PHIL'S PHILLY GRILL

Applicant's Name		
Address		
Home Telephone	E-Mail Address	
Last Former Residence		
Birth Date	Marital Status	Spouse Name
Federal TIN #	Social Security #	
Employer	Type Of Business	
Position & Duties		
Person To Contact		
Business Address		
Spouse's Occupation	How Long?	No. Of Dependents
Best Time To Phone	Business	Home
Do you own or rent your home?	How Long?	
Level Of Education	Name Of College/University	Degree
Are You A U.S. Citizen?	If no, what country?	

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What is/are your primary market(s) of interest?

If territory in this market is not available, what other markets would you have interest in?

Description of current business (give details, and attaché additional sheets if necessary).

Outline, briefly, the experience(s) that would qualify you to develop and operate a service oriented business such as Phil's Philly Grill What specific role would you play in the development of a territory?

Describe, briefly, the experience and qualifications for your organization; including corporate officers, partners, and management who would be responsible for Operations, Human Resources/Recruiting, Real Estate, Construction, Marketing and Finance. (Please attach additional information).

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BANK AND INVESTOR RELATIONSHIPS

Contact Name	Bank Name/City	Account #	Phone

BUSINESS REFERENCES

Contact Name	Company Name And City	Position	Number Of Years Associated	Phone #

What is the investment range you anticipate in connection with a single-unit and/or multi-unit Franchise Agreement?	
High \$	Low \$
Source Of Investment Funds (Equity)	
Public or Private Corporation? If Public, Symbol and Exchange.	
What percentage of the Investment Funds will be borrowed?	
Where would you locate such investment funds, and on what terms would you borrow them?	

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If a financial investment will be made by individual(s) or entity(s) other than the applicant, please complete the following table.

INVESTOR(S)

Name	Amount Of Initial Capital Investment	Amount And Source Of Debt

Notice: All investors who would have access to confidential or proprietary information of **PHIL'S PHILLY GRILL** will be asked to complete a similar Questionnaire, as well as a Confidentiality Agreement.

ENTITY FORMATION

The proposed Franchise Entity will be a: (Corporation, Partnership, Sole Proprietorship, etc.)
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BANKRUPTCY HISTORY

A. During the fifteen (15) years preceding the date of this Questionnaire, have you been:			
1. Adjudicated Bankrupt?	Date:	2. Reorganized Due To Insolvency?	Date:
B. Are you presently subject to any pending bankruptcy or reorganization proceedings?			
C. If the answer to any of the foregoing questions is YES, please provide the following information:			
1. Name Of The Proceeding:	2. Date Of Filing:	3. Date Of Judgement:	
4. Court:	5. Docket Or Case Number:	6. Other Material Fact/ Circumstances:	

PHIL'S PHILLY GRILL

FINANCIAL CONDITION

PLEASE PROVIDE THE LAST TWO (2) FISCAL FINANCIAL STATEMENTS AND MOST RECENT QUARTERLY STATEMENT AND ATTACH TO THIS QUESTIONNAIRE.
IF YOU DO NOT HAVE FINANCIAL STATEMENTS AVAILABLE, PLEASE COMPLETE THE QUESTIONS BELOW IN DETAIL.

I, _____ make the following statement of all my assets and liabilities as of the _____ day of _____, _____.

ASSETS	
Cash On Hand And In Banks (schedule 1).	\$
Marketable Securities (not including IRA/401k) – PMV (schedule 2).	\$
Accounts And Loans Receivable (schedule 3).	\$
Real Estate – PMV (schedule 4).	\$
Life Insurance – Cash Surrender Value (schedule 5).	\$
IRA/401k	\$
Other Assets. If a business, provide financial statements.	\$
TOTAL ASSETS	\$

LIABILITIES	
Bank Loans Payable (schedule 1)	\$
Credit Card Payables	\$
Accounts (itemize eg. Finance Co, Auto, Etc.)	\$
Loans Against Life Insurance (schedule 5)	\$
Mortgages Payable (schedule 4)	\$
Other Liabilities (itemized).	\$
TOTAL LIABILITIES	\$
NET WORTH (Total Assets – Total Liabilities)	\$

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Source Of Funds To Be Invested (net of income tax liabilities on disposition of assets if applicable).	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (a list of bank accounts, including savings and loans).				
Name & Location of Bank	Cash Balance	Outstanding Loans	Maturity Of Loan	How Endorsed, Guaranteed, or Secured

No. 2 Marketable Securities (not including IRA)				
Description Of Security	Registered In Name Of	Present Market Value	Cost	If Pledged, To Whom

PHIL'S PHILLY GRILL

No. 3 Accounts And Notes Receivable (a list of the largest amounts owing to me).					
Name And Address Of Debtor	Amount Owing	Age Of Debt	Description Of Nature Of Debt	Description Of Security Held	Date Payment Expected

No. 4 Real Estate (the legal and equitable title to all the real estate listed in the schedule is solely in the name of the Applicant, unless otherwise indicated).					Mortgage	
Location	Description Of Property (eg. house, farm, etc).	Cost	Year Purchased	Present Market Value	Amounts	Due Date

No. 5 Life Insurance								
Name Of Person Insured	Name Of Beneficiary	Name Of Insurance Company	Type Of Policy (Whole Life, Term, etc.)	Face Amount Of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount Of Yearly Premium	Is Policy Assigned?

Do you have any other (personal) Liability Insurance?

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No. 6 Source Of Annual Income	
Salary	\$
Bonus And Commissions	\$
Interest And Dividends	\$
Real Estate Income	\$
Other Income (Itemize)	\$
Total	\$

I certify that all the information herein by the Applicant has been carefully read and is true and correct in its entirety. Any misrepresentation will be just cause for the Franchisor to terminate any Franchise Agreement entered into with the Applicant, or an entity in which the Applicant has an interest, at the sole discretion of the Franchisor.

I understand that it may be necessary for the Franchisor to release any or all of the information contained herein to third parties in connection with obtaining a location, financing, licenses and permits in furtherance of the development of my franchise, and I hereby consent to the franchisor's release of said information to those third parties deemed necessary by the Franchisor.

I hereby give my consent to the Franchisor to verify any or all of the information inserted herein and to contact the named references as deemed necessary by the Franchisor.

I understand that the completion and transmittal of this document does not and shall not constitute the offer or sale of a franchise by **PHIL'S PHILLY GRILL**. The offer and/or sale of a franchise can only be made through the delivery and receipt of a **PHIL'S PHILLY GRILL** Financial Disclosure Document (FDD). There are certain states that require the registration of a FDD before the franchisor can advertise or offer a franchise in that state. No **PHIL'S PHILLY GRILL** franchises will be sold in any state until the FDD has been exempted, duly registered, and/or declared effective through the requirements of such jurisdictions and delivered to the prospective franchisee before the offer or sale in compliance with applicable laws.

Signed: _____

Date: _____