



**fast. fresh. italian.**

## CONFIDENTIAL APPLICATION

Thank you for your interest in Fazoli's Restaurants! We look forward to working with you. Here are a few things you should know before you begin the application process.

- You will need to provide financial information regarding your net worth, liquid assets, previous restaurant/hospitality experience, and answer some general questions.
- If you are submitting this application with a partner, you will need to provide your partners' first and last name along with an email address. An email will be sent to the partner(s) with instructions on how to complete their application.
- Once you have completed the application, be sure to print a copy for your records.
- You must be prepared to provide proof of liquid assets and net worth and submit with this application. Financial requirements vary by market and by size of the development agreement.
  - Liquid Assets must exceed \$250,000 and Total Investment capability must equal \$450,000 - \$600,000 for each location developed.
- The information provided by you on this application will be relied upon by us in our assessment of your qualifications as a franchise candidate for our system and will be a material inducement to us in the event we offer you a franchise or restaurant development agreement.
- Once completed, please scan the form and all required supporting documents and email to Sam Nelson at [sam.nelson@fazolis.com](mailto:sam.nelson@fazolis.com).

Or fax all documents to Sam Nelson at 859.268.2263,

Or print and mail all documents to Sam Nelson at

Fazoli's Franchising Systems, LLC  
ATTN: Sam Nelson  
2470 Palumbo Drive  
Lexington, KY 40509

Thank you for your interest in Fazoli's Restaurants!

**CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Married  Single Spouse's Name: \_\_\_\_\_

Dependants: Number including self: \_\_\_\_\_ U.S. Citizen:  Yes  No If no, name of Country: \_\_\_\_\_

What is the approximate amount of your liquid assets (Fazoli's defines liquid assets as non-borrowed/non-retirement cash and marketable securities)? \$ \_\_\_\_\_

What is the approximate amount of your total investment capability (Fazoli's defines total investment capability as total assets minus total liabilities)? \$ \_\_\_\_\_

Total number of locations you are interesting in developing: \_\_\_\_\_

Cities/States you are interested in developing: \_\_\_\_\_

Time frame to open the total number of locations: \_\_\_\_\_

Briefly describe any relevant experience you may have (include resume): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the primary source of funding for your proposed Fazoli's Restaurant(s), and the total funds available from these sources:

Source:	Investment Capital Available:
_____	\$ _____
_____	\$ _____
_____	\$ _____

**ARE YOU APPLYING AS A CORPORATION?**

Corporate Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Website: \_\_\_\_\_

Current Company Overview: \_\_\_\_\_

Current Net Worth of Corporation(s): \$ \_\_\_\_\_

Our Franchise Agreement requires that a "designated manager" be named prior to the execution of the Agreement. We also require that the designated manager have a minimum of five (5) years of food service management experience and be approved by our Company. Do you have a person available to this position, and if not, how will you attract experienced management? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you become aware of the Fazoli's Franchise Opportunity? \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School  College  Graduate School      Highest Grade Completed: \_\_\_\_\_

Name of College or Graduate School, Address, Degrees Earned, and Years Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS EXPERIENCE** (Work history and/or business started) Please give present or last position first, and provide the last 5 years of work/business history; attach an additional sheet if necessary.

1. Company \_\_\_\_\_ City, State \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

2. Company \_\_\_\_\_ City, State \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

3. Company \_\_\_\_\_ City, State \_\_\_\_\_  
Position \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Have you ever owned or been a partner in a business?     Yes    No      If yes, what type:

\_\_\_\_\_  
\_\_\_\_\_

**MANAGEMENT GOALS**

Do you plan to devote full time to this business venture?      Yes       No

Will your spouse be active in the franchise?      Yes       No

Do you plan to have equity partners?      Yes       No

If yes, please identify all partners:

Name                                      Address                                      Telephone #                                      Active In Franchise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Name                                      Telephone Number                                      Association

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ATTACH RESUME, IF AVAILABLE**



# Personal Financial Statement

NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LIC. #	E-MAIL ADDRESS:	<input type="checkbox"/> MARRIED
					<input type="checkbox"/> UNMARRIED
					<input type="checkbox"/> SEPARATED
STREET ADDRESS		CITY AND STATE	ZIP	PHONE #	HOW LONG
				<input type="checkbox"/> OWN HOME	<input type="checkbox"/> RENTING
				<input type="checkbox"/> BUYING	<input type="checkbox"/> OTHER
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMP.	BUS. PHONE	AGES OF DEPENDENTS
CO-APPLICANT/SPOUSE					
NAME		DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICE. #	E-Mail Address:
NAME AND ADDRESS OF EMPLOYER		POSITION	LENGTH OF EMP.	BUS. PHONE	

If you are married, complete all information for yourself and your spouse.

**Financial Information as of** \_\_\_\_\_

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash in Bank		Income taxes payable		
Cash in other institutions (Detail)		Other taxes payable		
Securities owned (Schedule 1)		Revolving credit (Schedule 4)		
IRA./Keogh/Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Loans on Life-Insurance		
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 3)		
Real Estate Mkt. Value (Schedule 3)		Other Liabilities (Detail)		
Other Investments (Partnerships, etc.)				
Automobiles				
Personal property		Total Liabilities/Payments		
Other Assets (detail)		NET WORTH		
<b>TOTAL ASSETS →</b>		<b>TOTAL LIABILITIES →</b>		

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	CONTINGENT LIABILITIES	AMOUNT
Applicant Salary		Interest		As Endorser	
Co-Applicant/Spousal Salary		Property Tax/Assessments		As Guarantor	
Dividends/Bonds		Income and other taxes		On Damage Claims	
Interest		Mortgages Payments		Letters of Credit	
Rentals		Other Contract Payments		Other (Detail)	
Other (Detail)		Rent			
If you are married and live in a community property state, your earnings, and all "other income" are presumed to be community property unless you indicate otherwise.		Insurance			
		Alimony, Child Sup./Maint.			
		Personal Expenses			
		Other (Detail)			
				<input type="checkbox"/> Check here if "none"	
<b>TOTAL →</b>		<b>TOTAL →</b>		<b>TOTAL →</b>	

**GENERAL INFORMATION** - if married these questions apply to both you and your spouse

Are there assets held in Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a repossession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a principal or guarantor of a firm that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to any claim or suits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved with an IRS audit in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, has the audit been settled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain on a separate sheet.	

# Personal Financial Statement

SCHEDULE 1: MARKETABLE SECURITIES						
Are any of your securities restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you own 10% or more of the outstanding shares of any company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW HELD	NO. SHARES OR BOND AMOUNT	DESCRIPTION	TITLE IN NAME OF	PLEGDED YES OR NO	WHERE TRADED	PRESENT MKT. VALUE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.						TOTAL \$

SCHEDULE 2: NOTES RECEIVABLE - MORTGAGE & DEED OF TRUST OWNED							
HOW HELD	NAME OF DEBTOR	COLLATERAL/TYPE OF PROPERTY	DATE OF NOTE	ANNUAL P&I PAYMENT	DUE DATE	1st OR 2nd LIEN	UNPAID BALANCE
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							TOTAL \$

SCHEDULE 3: REAL ESTATE HOLDINGS - MORTGAGES OR LIENS							
↓ Indicate: SD = Single Dwelling; MD = Multiple Dwelling; or C = Commercial/Industrial.							
HOW HELD	PROPERTY ADDRESS	a. Mkt. Value	Date Purch.	NAME OF LENDERS	a. 1st T.D. Bal.	Mo. Payment	
		b. Cost	% Owned		b. 2nd T.D. Bal.	Mo. Payment	
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
		a.		1st	a.		
		b.		2nd	b.		
↑ Indicate: J - Jointly with Spouse; O - Jointly with other than spouse; A - Applicant's separate property; S - Spouse's separate property.							

SCHEDULE 4: REVOLVING CREDIT				SCHEDULE 5: INSTALLMENT CONTRACTS AND NOTES PAYABLE			
CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance	CREDITOR'S NAME	ACCOUNT NO.	Monthly Payment	Present Balance
		TOTAL \$	TOTAL \$			TOTAL \$	TOTAL \$

I will immediately notify you in writing if there is a material change in my financial condition. In the absence of such notice, this shall constitute both a new and continuing statement of my financial condition each time I become obligated to you or you rely, to any extent whatsoever, on this statement of my financial condition.

I agree that my present and future obligations to you may become immediately due and payable, at your sole discretion and without damage or notice, if: (a) I, or any endorser or guarantor of any of my obligations, at any time fail in business, become solvent, commit an act of bankruptcy, or die; (b) a writ of attachment, garnishment, execution or other legal process is issued against a material portion of my property; (c) any act for the collection of delinquent taxes is taken against me; (d) any representation to you by me or a guarantor or endorser of my obligations proves to be misleading or untrue; (e) I fail to notify you of any material change in my financial condition or there is a materially adverse change in my condition; or (f) I sell or transfer any interest in my current business.

I agree that any of my property in your possession shall be subject to your lien and right to offset for my obligations to you.

You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition and your credit and deposit experience with me. By signing below, I hereby waive my rights under Vehicle Code Section 1808.21, so that, when you deem it necessary, you may obtain my residence address from the Department of Motor Vehicles.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatened litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Co-Applicant's Signature

\_\_\_\_\_  
 (Optional) Signature of Spouse/Former Spouse

To authorize verification of income and of credit history only (your spouse or former spouse's authorization may be needed if you are relying on his or her income or other community property).

