

GINO'S BURGERS & CHICKEN APPLICATION FORM



BURGERS & CHICKEN

Mail to: Gino's Burgers & Chicken P.O. Box 322 Valley Forge, PA 19481

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Business Phone: _____ Home Phone: _____

Email: _____ Fax: _____

Social Security #: _____ Driver License #: _____ Date of Birth: _____

Education: _____ Spouses Name: _____

Business Experience: _____

Present Occupation: _____ Employer: _____

Address: _____

No. of Years: _____ Title & Function: _____

Assets:

Cash \$ _____

Real Estate \$ _____

Stocks & Bonds \$ _____

Other Interests (Notes Receivable) \$ _____

Cash Value of Insurance Policies \$ _____

Automobiles \$ _____

Total Assets \$ _____

Liabilities:

Mortgage Dept \$ _____

Other Secured Bank Dept \$ _____

Other Bank Dept \$ _____

Credit Card Dept \$ _____

All Other Dept \$ _____

Judgement, Liens, etc. \$ _____

Net Worth (Total Assets Less Total Liabilities) \$ _____

References:

PERSONAL

1. Name: _____

Address: _____

2. Name: _____

Address: _____

BANKING

Name: _____

Address: _____

Over Please...

Mail to: Gino's Burgers & Chicken P.O. Box 322 Valley Forge, PA 19481

Please tell us about your reasons for wanting to becoming a Gino's Burgers & Chicken franchisee:

Area of Interest: _____ Single or Multi-Unit: _____

Geographic References:

First Choice: _____ Second Choice: _____

Do you have a location in mind? If so describe: _____

Investors and/or Associates who will join you in the venture

Individual	Address	Ownership/Associates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you expect to devote full time to the business? Yes _____ No _____

Explain:

Are you a citizen of the United States? Yes _____ No _____ If not, what country?

Are there any unsatisfied judgements or legal actions pending against you Yes _____ No _____ If yes, please provide details below.

Have you ever filed for bankruptcy protection? Yes _____ No _____ If yes, please provide details below.

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please provide details below.

Any health concerns which might affect your ability to operate your restaurant? Yes _____ No _____ If yes, please provide details below.

Signature: _____ Date: _____