



Preliminary Franchise Application

MFP Franchise Systems, Inc.
 P.O. Box 681896
 Marietta, GA 30068
 Phone: (770) 973-3300
 Fax: (770) 556-3663

PLEASE ANSWER ALL QUESTIONS

PERSONAL INFORMATION

Last Name	First Name	Middle Name		
Date of Application (MM/DD/YY)	Birth Date (MM/DD/YY)	Age	Telephone Number	
Current Address	City	State	Zip	How long?
Previous Address	City	State	Zip	How long?
Marital Status	Full Name of Spouse			

EDUCATIONAL BACKGROUND

Highest Education Achieved	School Attended	Years	Grade or Degree Attained
-----------------------------------	------------------------	--------------	---------------------------------

BUSINESS & EXPERIENCE RECORD

Give a complete record of your experience, beginning with your present or last position. Include military service. Indicate by asterisk (*) those employers you do not wish us to contact. You may also include a resume and/or bio in lieu of filling out this section.

Have you been in business for yourself?		
Name & Address of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)



Preliminary Franchise Application

Supervisor's Name & Title		
Reason for Separation	Beginning Salary	Ending Salary
	\$	\$
Name & Address of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning Salary	Ending Salary
	\$	\$
Name & Address of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning Salary	Ending Salary
	\$	\$
List all restaurant & food service business in which you have an ownership interest:		

FINANCIAL INFORMATION

Income from current occupation	Income from other sources
\$ /year	\$ /year
Please explain other income	
Interest & Dividends received:	
Rents Received:	
Other income:	
Gross Income:	



Preliminary Franchise Application

PROFESSIONAL & CHARACTER REFERENCES (Excluding relatives)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

CREDIT REFERENCES

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

CONTINGENCIES

Do you have any contingent liabilities If so please itemize:	Yes	No
Are any of your assets pledged: Describe:	Yes	No
Are you a defendant in any suits or legal actions? Describe:	Yes	No

APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a group? Please explain fully	
Amount of capital available for this business? Please explain fully	
Territory for which application is made	Would you consider any other areas?
What area(s)?	



Preliminary Franchise Application

“I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and The Fair Credit Reporting act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to Franchisor. If requested by Franchisor, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the filling year. I understand that Franchisor is relying upon all the above information as a material factor in considering my application to become a franchisee, and I therefore agree to promptly notify Franchisor of any material change in any of the above information or any subsequent information provided to Franchisor. In addition, I release all persons from liability as a result of true, accurate information. Further, Franchisor Trade Secrets will not be disclosed by Applicants to any other person or business entity, and will not be used by Applicants in any manner outside the evaluation process, either during or after the evaluation process.”

I understand that your receipt of this data or any other information obligates neither me nor MFP Franchise Systems, Inc. and that this information is confidential. Please fax your completed application to (770) 556-3663.

Signature

Date