



franchise application

ARE YOU APPLYING AS AN INDIVIDUAL, PARTNERSHIP, OR CORPORATION? IF YOU ARE APPLYING AS A PARTNERSHIP, PLEASE INCLUDE INDIVIDUAL COPIES OF THIS APPLICATION COMPLETED BY EACH PARTNER. IF YOU ARE APPLYING AS A CORPORATION, PLEASE INCLUDE AN UPDATED FINANCIAL STATEMENT WITH THE APPLICATION.

APPLICANT INFORMATION

NAME (last, first, mi)			
ADDRESS			
CITY		STATE	ZIP
OWN/RENT/LEASE?	LIVED AT THIS RESIDENCE FOR years months		
PREVIOUS ADDRESS	LIVED AT THIS RESIDENCE FOR years months		
HOME PHONE	BUSINESS PHONE	CELL	FAX
EMAIL	DRIVER'S LICENSE		
MARITAL STATUS	SPOUSE'S NAME		
DEPENDENTS AND AGES			
IN WHAT COUNTRY/IES ARE YOU A CITIZEN?			
DO YOU HAVE A PARTNER OR CO-APPLICANT? IF SO, NAME (last, first, mi)			

EMPLOYMENT HISTORY

DATES FROM / TO	COMPANY & ADDRESS
TITLE	DUTIES
DATES FROM / TO	COMPANY & ADDRESS
TITLE	DUTIES
DATES FROM / TO	COMPANY & ADDRESS
TITLE	DUTIES
DATES FROM / TO	COMPANY & ADDRESS
TITLE	DUTIES

EDUCATIONAL HISTORY

DATES FROM / TO	SCHOOL	AREA OF STUDY	DEGREE
DATES FROM / TO	SCHOOL	AREA OF STUDY	DEGREE
DATES FROM / TO	SCHOOL	AREA OF STUDY	DEGREE



financial information

ASSETS		IN DOLLARS (omit cents)
CASH ON HAND / IN BANKS	\$	
US GOV'T & MARKETABLE SECURITIES		
NON-MARKETABLE SECURITIES		
SECURITIES HELD BY BROKER IN MARGIN		
RESTRICTED OR CONTROLLED STOCKS		
REAL ESTATE OWNED		
ACCOUNTS, LOANS AND OTHER NOTES RECEIVABLE		
AUTOMOBILE(S)		
OTHER PERSONAL PROPERTY		
CASH VALUE / LIFE INSURANCE		
BOOK VALUE OF BUSINESS VENTURES		
OTHER ASSETS (please itemize)		
TOTAL ASSETS	\$	

LIABILITIES		IN DOLLARS (omit cents)
NOTES PAYABLE TO BANKS	\$	
NOTES PAYABLE TO OTHER INSTITUTIONS		
NOTES PAYABLE TO INDIVIDUALS / OTHER		
DUE TO BROKERS		
ACCOUNTS AND BILLS DUE		
UNPAID INCOME TAX		
OTHER UNPAID TAXES AND INTEREST		
REAL ESTATE MORTGAGES PAYABLE		
OTHER DEBTS (please itemize)		
TOTAL LIABILITIES	\$	

TOTAL NET WORTH \$

ANNUAL INCOME INFORMATION		IN DOLLARS (omit cents)
YEAR ENDING IN 20 _____		
SALARY	\$	
SPOUSE'S SALARY		
BONUS & COMMISSIONS		
DIVIDENDS & INTEREST		
NET REAL ESTATE INCOME		
BUSINESS PROFITS (before debt service)		
OTHER INCOME (please itemized)		
TOTAL INCOME	\$	

ANNUAL EXPENDITURES		IN DOLLARS (omit cents)
NOTES PAYABLE TO BANKS	\$	
NOTES PAYABLE TO OTHER INSTITUTIONS		
NOTES PAYABLE TO INDIVIDUALS / OTHER		
DUE TO BROKERS		
ACCOUNTS AND BILLS DUE		
UNPAID INCOME TAX		
OTHER UNPAID TAXES AND INTEREST		
REAL ESTATE MORTGAGES PAYABLE		
OTHER DEBTS (please itemize)		
TOTAL EXPENDITURES	\$	

ESTIMATED CONTINGENT LIABILITIES		IN DOLLARS (omit cents)
	\$	
TOTAL CONTINGENT LIABILITIES	\$	

OTHER SPECIAL DEBT OR CIRCUMSTANCES? (please explain)



personal information

FINANCIAL DETAILS

INCOME TAX SETTLED THROUGH WHAT DATE? (mm/dd/yy)		
HAVE YOU EVER DECLARED BANKRUPTCY? (circle one)	no yes	DATE FILED (mm/dd/yyyy)
IF YES, PLEASE PROVIDE: CASE NUMBER	LOCATION OF COURT	DISCHARGE RECEIVED? (circle one) no yes

PERSONAL PROFILE

HOW DID YOU HEAR ABOUT MENCHIE'S?		
WILL YOU OPERATE AND MANAGE THE MENCHIE'S FRANCHISE ON A FULL-TIME BASIS? (circle one) no yes		
IF NOT, PLEASE EXPLAIN WHO WILL BE RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS		
WHAT GEOGRAPHICAL AREAS ARE YOU INTERESTED IN?	1.	2.
	3.	4.
DO YOU HAVE A SPECIFIC LOCATION IN MIND?		
WHEN WOULD YOU LIKE TO OPEN YOUR MENCHIE'S GROUP FRANCHISE BUSINESS?		
HOW MUCH PERSONAL CAPITAL ARE YOU PREPARED TO INVEST IN A MENCHIE'S GROUP FRANCHISE?		
HOW WILL YOU FINANCE THE REMAINDER?		
DO YOU PLAN TO HAVE INVESTORS OR EQUITY PARTNERS?		
IF SO, TO WHAT EXTENT?		
HAVE YOU EVER OWNED A FRANCHISE?	no yes	IF YES, NAME THE FRANCHISE ORGANIZATION:
WHAT ARE YOUR LONG-TERM BUSINESS GOALS?		
DO YOU HAVE A BUSINESS PLAN?		
WHY DO YOU WANT TO OWN YOUR OWN BUSINESS?		
WHAT ATTRIBUTES DO YOU THINK YOU HAVE THAT WOULD CONTRIBUTE TO YOUR SUCCESS AS A MENCHIE'S GROUP FRANCHISEE?		
WHAT ARE YOUR INTERESTS / HOBBIES?		

It is understood that the purpose of this Application is for general information. It is understood that Menchie's Group relies on the information provided in assessing the desirability and qualifications of the applicant. **This is not a contract** and thereby does not incur an obligation on either party. But the undersigned understands that misrepresentation or omission of facts is cause for termination by Menchie's Group of any agreement entered into with Menchie's Group, USA.

In order to make possible a full evaluation of the undersigned suitability to become a Franchisee, the undersigned authorizes Menchie's Group, and its agents to perform for it any credit or background check on the undersigned which is deemed appropriate by Menchie's Group, and/or its agents.

APPLICANT'S SIGNATURE REQUIRED

SIGNED	DATE
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menchie's®

Confidential Franchise Application



This application does not obligate either party in any manner.

I submit the following 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. 552 a), 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 Menchie's. I understand and acknowledge that, as a condition of being considered for a Menchie's franchise, I must submit to a credit history check to be performed by a credit reporting agency of Menchie's' choice. I understand that the credit reporting agency will make the results of the credit history check available to Menchie's and that Menchie's may use those results in determining whether I will am eligible to own a Menchie's franchise. If requested by Menchie's, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the assets stated herein, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that Menchie's is relying upon all the above information as material factors in considering my application to become a Menchie's franchisee, and I therefore agree to promptly notify Menchie's of any material change in any of the above information or any subsequent information provided to Menchie's. In addition, I release all persons from liability as a result of true, accurate information. I also certify that neither I nor any of my funding sources is or has ever been a terrorist or suspected terrorist, or a person or entity described in Section 1 of U.S. Executive Order 13224, issued September 23, 2001, as such persons and entities are further described at the Internet website www.ustreas.gov/offices/enforcement/ofac. I agree to comply with and/or to assist Menchie's to the fullest extent possible in Menchie's efforts to comply with the above law.

Applicant Name (Print)

Signature

Date



AUTHORIZATION For BACKGROUND INVESTIGATION

File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker s compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:

If you would like to receive a free copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: _____ / _____ / _____