

Requirements of Perspective Franchises

1. Prior business experience
2. Financial qualifications
3. Successful track record
4. Satisfactorily pass background checks for reasonable credit worthiness, no criminal convictions, no history of extensive litigation, and satisfy motor vehicle report.
5. Willingness to commit within 90 days of signing license agreement.
6. Net worth of \$700,000.00 and liquid assets (meaning cash or any asset that can be converted to cash within 10 business days) greater than \$400,000.00.

Each new Franchisee pays an individual franchise fee of \$35,000.00 for each new location. The Franchise is a 15 year term with a renewal of 2-5 year terms, which requires a fee of \$5,000.00 for each term.

Royalty fees are 6% of the franchises net sales.

The Franchisor will guide you on site selection, which must be approved by the Franchisor. The land size must be approximately one acre.

Equipment must be purchased from an approved Franchise vendor.

Training will be provided thru the Franchisor.

Requirements

Pre-qualifications

Interviews

Site selection

Construction

Pre-operations

Building your business

Step-By-Step

Franchise support



Confidential Information Request:

Submit to:

P.O. Box 429
 Elizabethtown, NC 28320
 Office: (910) 862-1598
 Fax: (910) 862-3131

PLEASE ANSWER ALL QUESTIONS

PERSONAL INFORMATION

Last Name		First Name		Middle Name		Social Security Number	
Date of Application	Birthdate		Age		Email Address		Telephone Number
Current Address		City		State		Zip Code	
						How Long?	
Previous Address		City		State		Zip Code	
						How Long?	
Marital Status		Full Name of Spouse			Occupation of Spouse		
Name of Dependent Children				Age(s) of Dependent Children			

APPLICANT'S FRANCHISE PLANS

Will the Franchise be owned and operated by yourself or a group?	
Please explain fully.	
Amount of capital available for this business?	
Please describe fully.	
Territory for which application made.	Would you consider another area?
What area(s)?	

This is not a contract and supplying or completing this form incurs no obligation on either part.

EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY, OR SPECIAL TRAINING.

Name of School	Dates of Attendance To	Major/Minor Fields	
Location of School	GPA or Class Standing	Diploma/Degree	Date of Graduation
Name of School	Dates of Attendance To	Major/Minor Fields	
Location of School	GPA of Class Standing	Diploma/Degree	Date of Graduation

BUSINESS AND 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.

Have you been in business for yourself?			
1.Name and Address of Employer			
Position, Title, and Duties			
Dates of Employment To		Supervisor's Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	
2.Name and Address of Employer			
Position, Title, and Duties			
Dates of Employment To		Supervisor's Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	
3.Name and Address of Employer			
Position, Title, and Duties			
Dates of Employment To		Supervisor's Name and Title	
Reason for Separation	Beginning Salary	Ending Salary	

PHYSICAL CONDITION

INCOME

General Physical Condition	Date of Last Physical Exam	Year _____ Earned (Salary, Commissions, Fees, etc.) \$ _____
List Any Physical Impairments of Chronic Illnesses Which May Preclude Certain Activities		Interest & Dividends Received \$ _____ Rents Received \$ _____ Other Income _____ \$ _____
Explain		_____ _____ _____ Gross Income \$ _____

REFERENCES

Please List Three Professional and Character References					
Name		Address		Telephone	
Name		Address		Telephone	
Name		Address		Telephone	

Please List Credit References					
Name		Address		Telephone	
Name		Address		Telephone	
Name		Address		Telephone	

Bank References					
Name		Address		Telephone	
Name		Address		Telephone	

CRIMINAL BACKGROUND

Name		Address		Telephone	
Name		Address		Telephone	

CONTINGENCIES

Do you have any contingent liabilities? Yes No If yes, please itemize _____

Are any of your assets pledged? Yes No If yes, please describe _____

Are you a defendant in a lawsuit or legal action? Yes No If yes, please describe _____

Have you filed for bankruptcy? Yes No If yes, please explain _____

CONFIDENTIAL FINANCIAL STATEMENT DATE: _____ **YEAR: 20** _____
 PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash On Hand, And Unrestricted In Banks. (See Schedule No. 1)	\$	Notes Payable To Banks, Unsecured Direct Borrowings Only. (See Schedule No. 1)	\$
U.S. Government Securities	\$	Notes Payable To Banks, Secured Direct Borrowings Only. (See Schedule No. 1)	\$
Accounts And Loans Receivable (See Schedule No. 2)	\$	Notes Receivable, Discounted With Banks, Finance Companies, Etc.	\$
Notes Receivable, Not Discounted With Banks. (See Schedule No. 2)	\$	Notes Payable To Other, Unsecured	\$
Life Insurance, Cash Surrender Value (Do Not Deduct Loans) (See Schedule No. 3)	\$	Loans Against Life Insurance (See Schedule No. 3)	\$
Other Stocks And Bonds (See Schedule No. 4)	\$	Accounts Payable	\$
Real Estate (See Schedule No. 5)	\$	Interest Payable	\$
Automobiles (Registered In Own Name)	\$	Taxes And Assessments Payable (See Schedule No. 5)	\$
Other Assets (Itemize)	\$	Mortgages Payable On Real Estate (See Schedule No. 5)	\$
	\$	Other Liabilities (Itemize)	\$
	\$	Total Liabilities	\$
Total Assets	\$	Net Worth	\$

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (A list of all my bank accounts, including savings and loans)				
Name & Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed, or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

No. 2 Accounts, Loans, and Notes Receivable (A list of the largest amount owing to me)					
Name & Address of Debtor	Amount Owning	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

No. 3 Life Insurance								
Name of Person Insured	Name of Beneficiary	Name of Insurance Company	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

No. 4 Other Stocks and Bonds						
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

No. 5 Real Estate (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows)

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages of Liens	Due Dates	Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
								Year	Amount
					\$	\$	\$		
					\$	\$	\$		\$
					\$	\$	\$		\$
					\$	\$	\$		\$
					\$	\$	\$		\$

In submitting the foregoing application and statement, the undersigned guarantees its accuracy with that it be relied upon in granting a franchise and extending credit to the undersigned and warrants that he/she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify Franchisor immediately in writing of any material change in his/her financial condition whether application for further credit is made or not and in the absence of such written notice, it is expressly agreed that Franchisor in granting a franchise or credit may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit is extended or continued.

The undersigned consents and authorizes Franchisor to conduct a background check which may include investigation of employment history, educational background, criminal history, military records, credit history, and Department of Motor Vehicles records. All information derived from the above shall be kept confidential and be used by Franchisor for internal evaluation purposes only.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

DATE: _____

SIGNED: _____