



**Friendly folks.
Serious seafood.™**

Franchise Application

Minimum Liquid Assets/Net Worth
\$250,000/\$800,000

Date ____/____/____

Franchise Fee Per Unit:
\$25,000

Fish City Grill Licensing, LP
Please Fax Application To:
972-716-4047

Development Fee Per Unit
\$10,000

Desired Number of Units

Name (full legal) _____

Residence Address _____

City, State & Zip _____

How long at this residence? _____

Previous address if less than two years _____

City, State & Zip _____

Current Employer _____

Date of Employment From: ____/____/____ To: ____/____/____

Address _____

City, State & Zip _____

Position _____

Previous Employer _____

Date of Employment From: ____/____/____ To: ____/____/____

Address _____

City, State & Zip _____

Position _____

1. Are you a partner or officer in any other venture?

If yes, explain _____

2. Have bankruptcy proceedings ever been instituted by or against you?

If yes, explain _____

3. Which two people would attend the two week training program?

Name _____ Phone _____

Name _____ Phone _____

4. Are you or have you ever been a party to any suits or legal activities?

If yes, explain _____

5. Have you ever been convicted of a crime other than minor traffic offenses?

If yes, explain _____

General Information

1. Have you ever been or are you now in food service business?
If yes, explain_____
2. Will this franchise be owned and operated by yourself or a group?_____
3. Will this business be your sole source of income?_____
4. Would you expect to devote your full time to this business?_____
- If not, what percentage?_____
5. Would you employ a full-time representative?_____
6. Amount of capital available to invest in the business?_____
7. Do you have a financing source?_____
8. Amount of financing available?_____
9. Territory for which application was made?_____
10. Would you consider any other areas?_____
11. Additional choices_____
12. If qualified, when would you be ready to invest?_____
13. Additional information that may be helpful_____

I understand I am receiving proprietary information from Fish City Grill Licensing, LP. I also understand that information received from any Fish City Grill associate, partner, employee, agent or franchisee is confidential. It is agreed that information made available to me through this application will be maintained with the highest level of confidence. I authorize Fish City Grill Licensing, LP the use of all information provided to run credit checks and to submit included information to applicable financial entities, if necessary, to establish approved lines of credit. I understand I will have to complete the entire Fish City Grill training program prior to being allowed to open a Fish City Grill Franchise location.

- I accept the above terms
- I do not accept the above terms

Signature _____ Date ____/____/____

Completing this form does not obligate you or us in any way. It merely is intended to provide information on which to base preliminary discussions. All information will be kept strictly confidential. If an existing corporation, or other business entity, please include most recent twelve month Profit and Loss Statement and Balance sheet.

Assets

Cash _____
Savings Accounts _____

Investment Accounts _____

IRA or Other Retirement Account _____
Life Insurance – Cash Surrender Value Only _____
Account and Notes Receivable _____
Real Estate _____
Automobile Present Value _____
Other Personal Property _____
Other Assets _____

Total Assets _____

Liabilities

Accounts Payable _____
Notes Payable – Business Related _____
Notes Payable – Automobiles _____
Notes Payable – Other _____

Lines of Credit (including credit cards) _____

Loan on Life Insurance _____

Mortgages on Real Estate _____
Unpaid taxes _____
Other Liabilities _____

Total Liabilities _____

**Section 1
Sources of Income**

Salary _____
Net Investment _____

Real Estate Income _____
Other Income (Describe Below) _____

Total Income _____

As Endorser or Co-Maker _____
Legal Claims or Judgments _____
Provisions for Federal Income Tax _____
Other Special Debt _____

Total Contingent Liabilities _____

Description of Other Income in Section 1 _____

**Section 2
Major Credit References**

Name and Address	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, Etc.)	How Secured or Endorsed Type of Collateral

**Section 3
Business or Personal References**

Name and Address of Individual	Home Phone	Business Phone	Membership (Civic, Business, Professional)

I authorize Fish City Grill Licensing, LP to make inquiries necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of any position obtained in the process of acquiring a Fish City Grill Franchise and may eliminate any chances of obtaining a Fish City Grill Franchise (or its affiliates) in the future.

Signature _____ Date ____/____/____