

# Chicken Shack

www.chickenshack.com



## Franchise Application Form

The following Information is the basis for my franchise application. The submission of this application does not obligate Chicken Shack, Inc. or me in any way or manner. (Please print or type all information requested. Additional paper should be attached if needed.)

If Spouse or any other Will be a co-owner, please make a copy of this form & fill out a separate application.

Name \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Street City State Zip code Country

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Residence Telephone ( ) \_\_\_\_\_ Best Time to Call \_\_\_\_\_ am \_\_\_\_\_ pm  
Mobile Telephone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

### PERSONAL INFORMATION

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Spouse's Date of Birth \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_  
Number of Dependents \_\_\_\_\_ Age of Dependents \_\_\_\_\_

Last former residence \_\_\_\_\_

I am a citizen of \_\_\_\_\_ I have permanent residence rights in \_\_\_\_\_

My immigration Status, if applicable,  
is \_\_\_\_\_

(Please attach copies of supporting data.)

Have you ever been convicted of a felony or misdemeanor or are such charges pending, being appealed. or are you under indictment? (Do not include minor traffic violations) YES NO

Have you ever been adjudicated bankrupt? YES NO

Are you or your employer providing products, goods or services to Chicken Shack or any of its franchisees? YES NO

If you answered "yes" to any of the above, please provide details on a separate sheet.

**BUSINESS EXPERIENCE - Present Employment**

Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Annual Salary: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Describe duties, responsibilities and number of employees supervised:  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer? YES NO  
May we contact you at your business? YES NO

Please attach a resume of your previous experience.

**EDUCATION**

State your educational experience, including name and location of schools, years completed and degrees earned.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS INTEREST**

To what extent will you be actively involved in the day-to-day operations of the restaurant?

\_\_\_\_\_  
\_\_\_\_\_

What percent of the equity of this restaurant business will you own? \_\_\_\_\_%

What amount of cash will you personally invest in this franchise?

\$ \_\_\_\_\_

What is the source of these funds?

Will you have a business partner(s)? YES NO

If you have a business partner, who will be the Operating Partner? \_\_\_\_\_

What is the total amount of cash your business partners will vest in this franchise?

\$ \_\_\_\_\_

Will any partners interest in the franchise be encumbered in any way or subject to an agreement between partners? (If so, please describe)

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Will any person or entity other than the partners be entitled to receive, directly or indirectly, part of the profits from the operation of the restaurant? (If so, please describe)

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Please list business partners:

	Name	Estimated Net Worth	% of ownership	Proposed Cash Investment
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Do you currently have an interest in a fast food business or any other business ventures? (If so, please describe)

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If you are approved for a Chicken Shack franchise, will any partner be involved in any non-Chicken Shack business activity?(This includes all business activities, not just restaurants) (If so, please describe)

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Will the Operating Partner receive income from any source other than the restaurant? (If so, please describe)

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What are your location preferences?

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**CREDIT CHECK AUTHORIZATION**

THE FOLLOWING INFORMATION IS NECESSARY TO CREATE A CREDIT REPORT FOR THE OWNER'S USE.

**A SEPARATE FORM MUST BE COMPLETED FOR EACH INDIVIDUAL APPLYING FOR CREDIT.**

\_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth : \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_

I understand that information received as a result of this credit inquiry in confidential in nature, and I hereby authorize a credit report to be issued by TRW, Equifax, Trans Union, or other reporting agency to Chicken Shack, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**NOTE:** Separate application and financial statements are required of each partner/owner.

The undersigned certifies that the information furnished in this Chicken Shack Franchise Application is true, correct and complete. I also authorize Chicken Shack to make any additional credit/character checks which it deems necessary, and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested.

Dated: \_\_\_\_\_, 200\_\_

Applicant  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Spouse  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE SEND TO CHICKEN SHACK, INC., 1755 ROSEMONT, BERKLEY, MICHIGAN 48072. THANK YOU**