

**Applicant Information**

Legal Name (Mr.) (Mrs.) (Ms.) \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

City \_\_\_\_\_

How long have you lived at this Address \_\_\_\_\_ yrs \_\_\_\_\_ months

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Best way to contact you ( ) work ( ) home ( ) cell ( ) e-mail

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Time to call \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

If not a US citizen, what is your immigration status

Immigration card # \_\_\_\_\_

How long have you been in this country \_\_\_\_\_

**Section 2: Applicant Education**

Last High School attended \_\_\_\_\_

City \_\_\_\_\_ - State \_\_\_\_\_

Highest grade completed (circle) 8 9 10 11 12

College Attended \_\_\_\_\_

Major subject \_\_\_\_\_

Years completed \_\_\_\_\_ Graduated ( ) Yes ( ) No

If yes what degree did you earn? \_\_\_\_\_

**Section 3: Applicant Work History****Name of Current Employer or Current Business Owned**

(if not working, list Last Employer or/Last Business Owned)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Are you ( ) an employee ( ) the owner

If Employee, what is/was your Job Title \_\_\_\_\_

Date Started Employment / / date ended / /

Describe your responsibilities \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Supervisor's name \_\_\_\_\_

May we contact? (Yes) (No)

Will you be leaving this employment if you franchise a store? (Yes) (No)

If **Owner**, what Percentage of the business do you own? \_\_\_\_\_

Date Business Opened / / Date Closed / /

Will you be selling this business if you franchise a store? (Yes) (No)

**Applicant Work History (Continued)**

**Name of Previous Employer or Previous Business Owned**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone number \_\_\_\_\_

Were you ( ) an employee ( ) the owner

If **Employee**, what was your Job Title \_\_\_\_\_

Date Started Employment / / Date Ended / /

Describe your responsibilities \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If **Owner**, what Percentage of the business did you own? \_\_\_\_\_

Date Business Opened / / Date Closed / /

Describe your responsibilities \_\_\_\_\_

Reason for selling/leaving this business \_\_\_\_\_

Have you ever had management responsibilities which included the hiring and/or firing of employees? (Yes) (No)

Do you have any restaurant experience? (Yes) (No)

Why do you feel qualified to be a franchisee? \_\_\_\_\_

Please attach a resume or additional sheet of paper showing any additional work history or information we should consider

Which of the following best describes your intended day-to-day management in the store in the event that you franchise a store?

**Applicant:** ( ) Full-time ( ) Part-time ( ) None

\_\_\_\_\_

\_\_\_\_\_

**Spouse Information (If married, Section 1 must be completed even if spouse will not be a part of the franchise)**

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Legal Name (Mr.) ( Mrs.) ( Ms.) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
 City \_\_\_\_\_

How long have you lived at this Address \_\_\_\_\_ yrs \_\_\_\_\_ months

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Best way to contact you ( ) work ( ) home ( ) cell ( ) e-mail

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Time to call \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

If not a US citizen, what is your immigration status \_\_\_\_\_  
 Immigration card # \_\_\_\_\_

How long have you been in this country \_\_\_\_\_

**Spouses Education**

Last High School attended \_\_\_\_\_  
 City \_\_\_\_\_ - State \_\_\_\_\_

Highest grade completed (circle) 8 9 10 11 12

College Attended \_\_\_\_\_  
 Major subject \_\_\_\_\_

Years completed \_\_\_\_\_ Graduated ( ) Yes ( ) No

If yes what degree did you earn? \_\_\_\_\_

**Spouse Work History**

**Name of Current Employer or Current Business Owned**  
 (if not working, list Last Employer or/Last Business Owned)

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Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Are you ( ) an employee ( ) the owner

If **Employee**, what is/was your Job Title \_\_\_\_\_  
 Date Started Employment / / date ended / /

Describe your responsibilities \_\_\_\_\_

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Starting salary \$ \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Supervisor's name \_\_\_\_\_

May we contact? (Yes) (No)

Will you be leaving this employment if you franchise a store? (Yes) (No)

If **Owner**, what Percentage of the business do you own? \_\_\_\_\_

Date Business Opened / / Date Closed / /

Will you be selling this business if you franchise a store? (Yes) (No)

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**Spouse Work History (Continued)**

**Name of Previous Employer or Previous Business Owned**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone number \_\_\_\_\_

Were you ( ) an employee ( ) the owner

If **Employee**, what was your Job Title \_\_\_\_\_

Date Started Employment / / Date Ended / /

Describe your responsibilities \_\_\_\_\_

Starting salary \$ \_\_\_\_\_ Ending salary \$ \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If **Owner**, what Percentage of the business did you own? \_\_\_\_\_

Date Business Opened / / Date Closed / /

Describe your responsibilities \_\_\_\_\_

Reason for selling/leaving this business \_\_\_\_\_

Have you ever had management responsibilities which included the hiring and/or firing of employees? (Yes) (No)

Do you have any restaurant experience? (Yes) (No)

Why do you feel qualified to be a store franchisee? \_\_\_\_\_

Please attach a resume or additional sheet of paper showing any additional work history or information we should consider

Which of the following best describes your intended day-to-day management in the store in the event that you franchise a store?

**Spouse:** ( ) Full-time ( ) Part-time ( ) None

List any other business (es) that you or your spouse currently own or have a partnership in:

Do you plan to sell if you franchise a store?  
( ) Yes ( ) No ( ) Possibly

\_\_\_\_\_  
Name of Business Percentage (s) you own

\_\_\_\_\_  
Name of Business Percentage (s) you own ( ) Yes ( ) No ( ) Possibly

How did you first find out that Garlic Knot offers franchise opportunities?

( ) Franchisee ( ) Friend ( ) Magazine ( ) Newspaper ( ) Internet ( ) Other? (explain)\_\_\_\_\_

Name or what publication?\_\_\_\_\_

Have you or your spouse ever filed for bankruptcy or had an involuntary petition of bankrupt filed against you?

**Applicant** ( ) Yes ( ) No **Spouse** ( ) Yes ( ) No

(explain)\_\_\_\_\_

Have you or your spouse ever been convicted of something other than a minor traffic violation?

**Applicant:** ( ) Yes ( ) No **Spouse** ( ) Yes ( ) No

(explain – including dates, location and charge)\_\_\_\_\_

Have you or your spouse ever applied for a Garlic Knot franchise before? **Applicant** ( ) Yes ( ) No **Spouse** ( ) Yes ( ) No

Where\_\_\_\_\_

Have you or your spouse ever been an employee of the Garlic Knot? **Applicant** ( ) Yes ( ) No **Spouse** ( ) Yes ( ) No

(explain) – including dates and location)\_\_\_\_\_

**References**

Character references we can contact: (no family members)

Name\_\_\_\_\_ Occupation\_\_\_\_\_ Phone Number\_\_\_\_\_

Name\_\_\_\_\_ Occupation\_\_\_\_\_ Phone Number\_\_\_\_\_

Please be specific and list the city and/or state where you are interested in obtaining a franchise?

1<sup>st</sup> Choice\_\_\_\_\_

2nd Choice\_\_\_\_\_

3rd Choice\_\_\_\_\_

**FINANCIAL INFORMATION**

**ASSETS**

- 1 Cash on hand and in banks \$\_\_\_\_\_ (checking, savings, etc)
- 2 Stocks and Bonds \$\_\_\_\_\_
- 3 Value of Real Estate, Primary Residence \$\_\_\_\_\_
- 4 Value of other Real Estate \$\_\_\_\_\_
- 5 Other assets \$\_\_\_\_\_ Attach list (i.e. IRA< 401K, CD etc)
- 6 Total Assets (add lines 1 thru 5) \$\_\_\_\_\_

**LIABILITIES**

- 12 Outstanding Loans (car loan, etc.) \$\_\_\_\_\_
- 13 Credit Cards –total balance payable \$\_\_\_\_\_
- 14 Total Mort-Primary Residence \$\_\_\_\_\_
- 15 Mort. Due on other Real Estate \$\_\_\_\_\_
- 16 Other Liabilities – Attach List \$\_\_\_\_\_ (student loans, 2<sup>nd</sup> mort. Etc.)
- 17 Total Liabilities (add lines 12 thru 16) \$\_\_\_\_\_

**MONTHLY EXPENSES**

7 Salary (ies) Wages or Commissions \$ \_\_\_\_\_  
 8 Real Estate Income (Rental Property) \$ \_\_\_\_\_  
 9 Other Income (Attach list  
 (i.e. annuity, child support, etc.) \$ \_\_\_\_\_  
 10 Total Current Monthly Income  
 (add lines 7 thru 9) \$ \_\_\_\_\_

**NETWORTH**

18 Net Worth (subtract line 17 from \$ \_\_\_\_\_  
 line 6)  
 (Note: A complete financial statement  
 will be required prior to qualifying for a  
 franchise)

**MONTHLY EXPENSES**

11 Total Monthly Expenses \$ \_\_\_\_\_

**INVESTMENT**

What is the **TOTAL** amount of money you  
 have available to purchase a franchise \$ \_\_\_\_\_

Where are you getting the money to invest? ( loan, gift, savings, stocks, sale of property, 2<sup>nd</sup> mortgage, etc.) \_\_\_\_\_

What is the least amount of money that you NEED for your personal monthly expenses for your first year in business? \_\_\_\_\_

Where will you get other income, if any, if you franchise a store? (spouse's income, rental property, etc.) \_\_\_\_\_

We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I/We recognize that Garlic Knot Franchise Systems, LLC (GNFS) is not in any way obligated to franchise a store to me/us because of my/our execution of this document I/We acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with GNFS. I/We understand that in inquiry regarding my/our character, general reputation, personal characteristics, financial background and general fitness for being a GNFS franchisee may be made as a result of this application.

In addition, by signing below I/We release any and all former and/or present employers, and any other personal or business references, from any liability whatsoever in connection with GNFS attempt to investigate my/our background and determine my/our fitness to become a GNFS franchisee. I/We hereby authorize the release of any and all documents and records, including any privileged and confidential information pertaining to me/us to GNFS I/We specifically authorize GNFS and/or its representative to obtain a credit report on me/us. A copy of this authorization may be used in place of and shall be valid as the original. I/We understand that this application is considered active for 180 days from the date below.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Spouse Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

