Franchise Application Form for



Strictly Confidential

Applicants Name:	

The attached application is provided to determine your suitability as a franchisee. It should be completed fully in your own hand writing.

We suggest that the information be current and accurate.

Proof of financials may be required for validation

As we contact references, we will not disclose the nature of our inquiry.

This application is not a contract and is non-binding on either party. All information will be kept completely and strictly confidential.

Please be mindful that if after preliminary discussions, we reserve the right to refuse our franchise opportunity based on information we feel may not suite our standards of operation. The success of our franchise we depend heavily on the careful selection of qualified franchisees.



Personal Information:			
Name:			
(Last)	(First)	(Middle)	
Address:			
(Street #)	(City)	(State) (Zip)	
Drivers License #:	SS#	: :	
Residence Telephone: ()	Tim	e to call:	
Business Telephone: ()	May	we contact at work?:	
Date of Birth:	Date of Birth: Marital Status:		
Spouses Name:	Occ	upation:	
Number of Dependants:			
Home: Own Rent	How Long?:		
Tiome. Own Rent	110W Long		
Citizenship: US Citizen Permanent Residence:			
Immigration Status if Applicable:		(Please attach supporting data)	
Have you ever been convicted of a crime punishable by more than one year in prison or are such charges pending, being appealed, or are you under indictment?			
□ Yes □ No			
Have you ever sought protection under bankruptcy or other similar laws?			
□ Yes □ No			



Business Experience – Present Employment:			
Company:	Position:		
Address:			
(Street #)	(City) (State) (Zip)		
Time of Employment: to:	Annual Salary:		
Telephone: ()	Supervisor:		
Duties, Responsibilities, # of employees supervised:			
May we contact your present employer:	□ Yes □ No		
May we contact you at your business?	□ Yes □ No		
Please attach a resume if available or other	historical employment documentation.		
Education:			
High School:			
College: De	egree:		
Graduate: D	egree:		
Business Interest:			
To what extent will you be actively involve restaurant?	d in the day-to-day operations of the		
What percent of the equity of this restaurant	t will you own?%		
What amount of cash will you personally invest in the restaurant?_\$			
Source of funds?			



Will you have business partners? □ Yes □ No
What amount of cash will your partner(s) invest? \$
Please list business partners: Estimated net worth % of ownership Investment 1
Do you currently have an interest in other business ventures? (if so please detail) ☐ Yes ☐ No
What locations are you interested in?
Separate application and financial statement will be required of each partner / owner.
The undersigned certifies that the information furnished in this franchise application is true, correct and complete.
I authorize Wintzell's Oyster House (Wintzell's Franchise Company Inc.) and it's subsidiaries to make any additional credit/criminal and character checks which it deems necessary and to release to prospective financing sources such financial and other information concerning me (franchisee) in its files as may be requested.
Dated this day of
Name:signature
Please complete the attached personal financial statement and/or enclose a copy of a professionally prepared financial statement.



Financial Statement:	
I make the following statement of all my assets and liabilities as of the	
Day of I understand that once my application is accepted for processing, I will be confirmation of my assets and liabilities relative to this financial statemen	
Name: Signature:	
Assets:	
A) Cash on hand and unrestricted in banks (do not include RRSP's and pension plan	s) \$
B) Publicly traded stocks, Bonds, and Government Securities	\$
C) Total Liquid assets (A + B)	\$
D) Net Business assets	\$
E) Personal Residence (see schedule # 2)	\$
F) Other Real Estate (see schedule # 2)	\$
G) Personal possessions (household furniture, automobiles etc.)	\$
H) Other assets (include RRSP's, pension plans, notes receivables, etc. schedule 1)	\$
I) Total Assets (Add C D E F G H)	\$
Liabilities and Net Worth	
J) Notes payable, unsecured (schedule #3)	\$
K) Notes payable, secured (schedule #3)	\$
L) Mortgage payable on real estate (schedule # 2)	\$
M) Other Liabilities (schedule # 3)	\$
N) Total Liabilities (add J K L M)	\$
Net Worth (total assets [I], Minus total liabilities [N]	\$



Contingent Liabili	ities		
		any contingent liabilities (as claims, or	
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Sources of Income			
	Self	Spouse (if applicable)	Total
Annual Salary:	\$	\$	\$
Bonus:	\$	\$	\$
Commissions:	\$	\$	\$
Real Estate Income	: \$	\$	\$
Other (Itemize)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total:	\$	\$	\$



Supplementary Sched	lules:			
No. 1 Other assets (include RRSP's,	pension plans, not	es receivables, value of	business, etc)
Description:			Value:	
			Ф	
			<u>\$</u> \$	
			<u>\$</u> \$	
			\$	
			\$	
			\$	
			\$	
`	You may attach so Location:	eparate list of your Market Value:	real estate holdings) Mortgage Balance:	Purchase Price
Type of Property:	Location:	Wiarket value:	Mortgage Balance:	Purchase Price
No. 3 Other Liabilit	ies (Debts other	than mortgage) on	ly significant amounts	
Name of Lender	Description	of Debt A	Amount Owing	Monthly Payment
		<u> </u>		