



Date: _____

FRANCHISE APPLICATION FORM

I. Personal Information (Personal and Confidential)

In order for CHICKEN KITCHEN to commence processing your application for franchise approval, you **must** complete the following questionnaire in its entirety, and have **each investor/partner** fill out a **separate** franchise application, and return to: **CHICKEN KITCHEN USA, LLC, 10800 Biscayne Boulevard, Suite 820 – North Miami, FL 33161, or fax to: 305.892.7887**

Name: _____ **Social Security:** _____

First Middle Last

Address: _____

Street City

State Zip Code E-mail:

Home Phone: _____ Business Phone: _____ Cellular Phone: _____

Home: Own _____ Rent _____ How Long? _____

If renting, name and phone number of landlord: _____

Former Residence: _____ How Long: _____

Date of Birth: _____ Height: _____ Weight: _____

Marital Status: _____ Number of Children: _____ Number of Dependents: _____

Spouse's Name: _____ Spouse's Social Security: _____

Spouse's Occupation: _____ Spouse's Citizenship: _____

Languages Spoken Fluently: _____

Educational Level: 1 - 12 Degrees High School
12 - 16 Bachelor's
Over 16 Graduate
Post Graduate

Major: _____ Your Last Degree Earned: _____

Are you a citizen of the U.S.A? Yes _____ No _____ If no, which country? _____

Immigration status in the U.S.A.? _____ Alien number # _____

Memberships in Professional or Civic Organizations: _____

Personal Interests and Hobbies: _____

Describe any Physical Disabilities or Limitations: _____

Community Involvement: _____

Are you, or a business entity (corporation, partnership, limited liability company, etc) owned or controlled by you currently involved in any lawsuits or any other legal actions, either as plaintiff or defendant?
Yes _____ No _____ If yes, please state date and details: _____

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?
Yes _____ No _____ If yes, please state date and details: _____

Have you, or business entity (corporation, partnership, Limited Liability Company, etc) owned or controlled by you ever been involved in bankruptcy? Yes _____ No _____ If yes, please state date and details: _____

II. Personal and Bank References:

List three people who have known you at least **5 years** (please **do not** include employees or relatives)

	Name	Relationship	Phone	Years Known
1)	_____	Accountant	_____	_____
2)	_____	Lawyer	_____	_____
3)	_____	Banker	_____	_____
4)	_____		_____	_____
5)	_____		_____	_____
6)	_____		_____	_____

III. Business Experience

Present Position: _____ Type of Business: _____

Employer Name: _____ Superior Name: _____

Employer Phone: _____ Annual Income: _____ Spouse's Income: _____

Employer Address: _____

May we contact your present employer? Yes _____ No _____ If no, state reason why:

Describe duties, responsibilities and number of employees supervised: _____

Employed from: _____ to _____

Previous Position: _____ Type of Business: _____

Employer Name: _____ Superior Name: _____

Employer Phone: _____ Employer Address: _____

May we contact your previous employer? Yes _____ No _____ If no, state reason why:

Describe duties, responsibilities and number of employees supervised: _____

Employed from: _____ to _____

IV. Restaurant and Franchise Experience

Have you ever worked in a restaurant? Yes _____ No _____ If yes, please give details: _____

Name: _____ Location: _____

Have you ever owned or managed a restaurant? Yes _____ No _____ If yes, please give details: _____

Name: _____ Location: _____

Have you ever owned or managed a small business? Yes _____ No _____ If yes, please give details: _____

Name: _____ Location: _____

Have you ever owned or managed a franchise business? Yes _____ No _____ If yes, please give details: _____

Name: _____ Location: _____

How did you learn of Chicken Kitchen? _____

What appeals you the most about Chicken Kitchen? _____

Are you evaluating other business opportunities? Yes _____ No _____ If yes, please give details: _____

Are you evaluating other restaurant opportunities? Yes _____ No _____ If yes, please give details: _____

Are you evaluating other restaurant franchises? Yes _____ No _____ If yes, please give details: _____

Are you evaluating other chicken franchises? Yes _____ No _____ If yes, please give details: _____

Do you own any other businesses? Yes _____ No _____ If yes, please give details: _____

Do you plan to devote full time to this business? Yes _____ No _____ If not, what amount of time weekly: _____

Do you plan to have partners/co-owners in this venture? Yes _____ No _____ How many _____
If yes, please give their names **and have each partner complete a separate franchise application form**

Name	Address	Cash Contribution	Ownership %	Title
Partner # 1	_____	_____	_____	_____
Partner # 2	_____	_____	_____	_____
Partner # 3	_____	_____	_____	_____
Partner # 4	_____	_____	_____	_____

Who will be the operating partner: _____ and what percentage of the business will he own: _____ %

What percentage of the equity of the restaurant business will you own: _____ %?

How will you finance this investment? Personal Funds: _____ Borrowed Funds: _____

What would be your source of borrowed funds? _____

Cash: _____ Partners: _____ Loan: _____ Collateral: _____

Will the Chicken Kitchen franchise be considered your primary source of income? Yes _____ No _____
If no, what is your other source of income: _____

Are you applying for a franchise as individual, Corporation, Limited Liability Company or partnership?
_____ (If Corporation or partnership include the copy of
Articles of Incorporation or Articles of Partnership)

What is your Federal Employer Tax Identification Number? _____

What is your State Employer or Sales Tax Number? _____

V. Location Preferences

Are you interested in a single franchise? Yes _____ No _____ If yes, please state specifics relating the city, county, state or a particular location you may be interested in:

First Choice: _____ State _____

Second Choice: _____ State _____

Third Choice: _____ State _____

Are you interested in a Multi-Unit (min. 3 restaurants) Area Development Agreement? Yes ____ No ____
If yes, please state specifics relating to city, county, state or a particular location you may be interested in:

First: _____ State _____

Second: _____ State _____

Third: _____ State _____

If you wish to be considered as a franchise owner, please complete all the data requested on this franchise application, sign it, include your last three year's personal income tax returns and latest personal certified financial statement, along with a copy of your immigration status in the U.S.A., and return it to CHICKEN KITCHEN USA, LLC at the address above.

The undersigned expressly acknowledges and agrees that all banks, financial institutions, persons, firms, corporations referred in the above, are authorized to provide CHICKEN KITCHEN USA, LLC, and/or any of its employees, agents and representatives, all information concerning the undersigned for the purpose of determining financial and other qualifications. CHICKEN KITCHEN USA, LLC is authorized to obtain a current credit bureau report in connection with this franchise application and if the undersigned becomes a CHICKEN KITCHEN franchisee, to obtain periodic credit reports.

Any material misrepresentations, furnished by the applicant in this franchise application or any other communication, shall be grounds by which CHICKEN KITCHEN may immediately terminate any agreements executed by the undersigned and CHICKEN KITCHEN USA, LLC.

I hereby certify and affirm to the best of my knowledge, that the foregoing franchise application and statements are true, factual, current and accurate representation of my financial and operational qualifications and background, and shall constitute a continuing representation. I hold CHICKEN KITCHEN USA, LLC harmless for any damages arising from the verification of the information contained herein.

Applicant's Signature

Spouse's Signature

Date Signed:

Date Signed: