



FRANCHISE APPLICATION

Singas Pizza & Restaurant LLC
406 New Dover Rd, Colonia, NJ 07067

This information is supplied for the purposes of consideration for a Singas Famous Pizza® franchise and shall be kept in the strictest confidence. Completion of this Application does not obligate either party. Complete this application in its entirety. If an item is not applicable, enter "N/A". Attach separate sheets when more space is required to answer questions or to provide the information requested.

REQUESTED AREA

REQUESTED CITY OR GEOGRAPHIC AREA FOR FRANCHISE	NUMBER OF LOCATIONS PROPOSED
DESIRED AGREEMENT FORMAT <input type="checkbox"/> INDIVIDUAL FRANCHISE AGREEMENT <input type="checkbox"/> AREA DEVELOPMENT AGREEMENT – MUST OWN AND OPERATE ALL LOCATIONS	PROJECTED DATE TO BEGIN DEVELOPMENT OF YOUR FIRST LOCATION

PERSONAL & PROFESSIONAL INFORMATION *(Please attach a recent résumé to this request form)*

PERSON INITIATING THIS APPLICATION WHO WILL BE THE PRIMARY CONTACT (FIRST NAME, MIDDLE NAME, SURNAME)		
COMPANY EMPLOYED BY	HOW LONG WITH THIS COMPANY?	
CURRENT OCCUPATION / TITLE	E-MAIL ADDRESS 1	
ADDRESS	E-MAIL ADDRESS 2	
CITY, STATE & POSTAL CODE		MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
BEST TELEPHONE NUMBER TO USE	BEST TIME TO CONTACT	WHAT PERCENTAGE OF OWNERSHIP WILL THIS PERSON HAVE IN THE FRANCHISE? _____%
SOCIAL SECURITY NUMBER	COUNTRY OF CITIZENSHIP / STATUS	THIS PERSON WILL BE IN THE FRANCHISE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME _____% <input type="checkbox"/> AS INVESTOR ONLY

DO YOU CURRENTLY OWN OR HAVE PREVIOUSLY OWNED ANY OTHER BUSINESS, WHAT TYPE WAS IT, AND WHAT WAS YOUR EXPERIENCE WITH IT?

EDUCATION

PLEASE PROVIDE INFORMATION REGARDING YOUR LEVEL OF EDUCATION		
<input type="checkbox"/> HIGH SCHOOL	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> COLLEGE OR UNIVERSITY	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA OF STUDY: _____ SCHOOL ATTENDED: _____
<input type="checkbox"/> POST-GRADUATE SCHOOL	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA OF STUDY: _____ SCHOOL ATTENDED: _____
<input type="checkbox"/> TECHNICAL SCHOOL	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA OF STUDY: _____ SCHOOL ATTENDED: _____

GENERAL INFORMATION

WHERE DID YOU LEARN ABOUT THE SINGAS FAMOUS PIZZA® FRANCHISE? (TRADE SHOW, INTERNET SITE, ASSOCIATES, ETC.)	
WHY ARE YOU INTERESTED IN FRANCHISING OUR CONCEPT?	
DO YOU OR THIS ENTITY HAVE EXPERIENCE IN FRANCHISING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN YOUR EXPERIENCE
IF YES, PLEASE EXPLAIN THE STATUS OF THE PROJECT	
DO YOU OR THIS ENTITY HAVE EXPERIENCE IN FOOD SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS THE NAME OF THE CONCEPT?
IF YES, PLEASE EXPLAIN THE NATURE OF THIS EXPERIENCE	

PROPOSED OWNERSHIP STRUCTURE

THE OWNERSHIP OF THIS FRANCHISE WILL BE: <i>(check one)</i> <input type="checkbox"/> INDIVIDUAL (SOLE PROPRIETOR) <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> CORPORATION (C-CORP OR S-CORP) <input type="checkbox"/> PARTNERSHIP (GENERAL OR LIMITED) <i>(Please indicate the entity that will be in place at the time the agreement is signed)</i>		DOES THIS ENTITY CURRENTLY OWN OR OPERATE OTHER BUSINESSES? <i>(if yes, see below)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ARE THERE EQUITY PARTNERS WITHIN THIS ENTITY? <i>(if yes, see below)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF ENTITY REQUESTING FRANCHISE OR INDIVIDUAL NAME		COMPANY WEBSITE	
ADDRESS <i>(CITY, STATE & POSTAL CODE)</i>		COUNTRY	
OTHER BUSINESSES OWNED BY THE ENTITY LISTED ABOVE	YEARS IN BUSINESS	TYPE OF BUSINESS	
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PARTNER INFORMATION *(please attach a résumé or background information of each operating partner)*

EQUITY PARTNER #1 (FIRST NAME, MIDDLE NAME, SURNAME)		PERCENTAGE OF OWNERSHIP
COUNTRY OF CITIZENSHIP / STATUS	SOCIAL SECURITY NUMBER	THIS PERSON WILL BE IN THE FRANCHISE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME ____% <input type="checkbox"/> AS INVESTOR ONLY
EQUITY PARTNER #2 (FIRST NAME, MIDDLE NAME, SURNAME)		PERCENTAGE OF OWNERSHIP
COUNTRY OF CITIZENSHIP / STATUS	SOCIAL SECURITY NUMBER	THIS PERSON WILL BE IN THE FRANCHISE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME ____% <input type="checkbox"/> AS INVESTOR ONLY
EQUITY PARTNER #3 (FIRST NAME, MIDDLE NAME, SURNAME)		PERCENTAGE OF OWNERSHIP
COUNTRY OF CITIZENSHIP / STATUS	SOCIAL SECURITY NUMBER	THIS PERSON WILL BE IN THE FRANCHISE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME ____% <input type="checkbox"/> AS INVESTOR ONLY

FINANCIAL INFORMATION *(Please attach your current personal and/or business financial statements to this request form)*

HOW MANY LOCATIONS DO YOU PROPOSE TO BUILD IN THE FIRST YEAR? _____ LOCATION(S)	LIQUID ASSETS ARE AVAILABLE IN THE AMOUNT OF	
AMOUNT OF CASH IMMEDIATELY AVAILABLE TO INVEST IN THIS FRANCHISE	ANNUAL INCOME OF APPLICANTS (INCLUDING PARTNER TOTALS)	
SOURCE OF CAPITAL	CURRENT BORROWING CAPACITY	NET WORTH OF APPLICANTS *
DESCRIBE IN DETAIL, THE PLAN/ABILITY TO FINANCE THE BALANCE OF FUNDS REQUIRED:		

*If applying as an individual, a sample Net Worth Chart has been attached to this application for your use.

LEGAL INFORMATION

HAVE YOU EVER FILED FOR PROTECTION FROM CREDITORS OR BEEN THE SUBJECT OF LIQUIDATION PROCEEDINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHY DID YOU FILE?
HAVE YOU EVER BEEN A PARTY TO A LAWSUIT OR OTHER LEGAL ACTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN THE SITUATION AND THE OUTCOME:
HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, OR CONVICTED OF A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
ARE YOU OR AN AFFILIATE LISTED BY THE UNITED STATES AS A "SPECIALLY DESIGNATED INDIVIDUAL" AS IT PERTAINS TO THE USA PATRIOT ACT OF 2001, OR ARE OTHERWISE RESTRICTED FROM DOING BUSINESS IN, OR WITH THE UNITED STATES? (PLEASE UTILIZE AND CONSULT THE WEBLINK BELOW – FAILURE TO ANSWER THIS QUESTION WILL RESULT IN THE IMMEDIATE REJECTION OF THIS APPLICATION) http://www.ustreas.gov/offices/enforcement/ofac/sdn/t11sdn.pdf		<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant Net Worth Chart			
ASSETS		LIABILITIES	
Marketable securities	\$	Secured notes payable to others	\$
Non-readily marketable securities	\$	Unsecured notes payable to others	\$
Accounts and notes receivable	\$	Accounts payable	\$
Net cash surrender value of life insurance	\$	Margin accounts	\$
Residential real estate	\$	Notes due: partnership	\$
Real estate investments	\$	Taxes payable	\$
Partnership/PC interests	\$	Mortgage debt	\$
RRSP, profit sharing, and other vested retirement accounts	\$	Life insurance loans	\$
Deferred income	\$	Other liabilities	\$
Personal property	\$		
Other assets	\$		
Total Assets	\$	Total Liabilities	\$
		TOTAL NET WORTH	\$

PERSONAL & BUSINESS REFERENCES (family members and current business partners cannot be included here)

NAME	OCCUPATION / TITLE	YEARS ACQUAINTED	TELEPHONE NUMBER

Please attach any letters of reference to this request form

I understand that Singas Pizza & Restaurant LLC grants franchises only by executing written franchise agreements and further understand that this Application does not constitute an offer by Singas Pizza & Restaurant LLC. to sell a Singas Famous Pizza® franchise and that this information is being provided solely for the purpose of evaluating my personal, professional and financial qualifications. Submission of complete financial information and its verification will be required prior to final approval by Singas Pizza & Restaurant LLC.

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, is true and accurate as of the date below. I understand that Singas Pizza & Restaurant LLC is relying upon all of the information provided in this Application, including any attachments to this Application, as a material factor in considering my application to become a Singas Pizza & Restaurant LLC Franchisee. Therefore, I hereby agree to notify Singas Pizza & Restaurant LLC of any material change in my personal, business, legal or financial status while this Application is pending. I further understand that, in addition to any information provided by me, I consent to and acknowledge that, Singas Pizza & Restaurant LLC may obtain and exchange background information relating to my personal and business records, including, but not limited to, my credit, tax, litigation, property, corporate and criminal records.

SIGNATURE	DATE SIGNED
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PLEASE COMPLETE THIS APPLICATION AND RETURN IT TO OUR ADDRESS:

Singas Pizza & Restaurant LLC
 406 New Dover Rd,
 Colonia, NJ 07067