

FRANCHISE APPLICATION

BURGER CRAFT

100% GRASSFED BEEF

Prospective Owner Profile

Thank you for your interest in Burger Craft! To begin your journey towards owning your own Burger Craft franchise, we invite you to complete this form.

All information you provide is kept confidential. Completion of this form does not obligate either you or Burger Craft.

Burger Craft, LLC
Attention: Franchise Application
501 Lake Cove Pointe Circle
Winter Garden, FL 34787

This document is not a Franchise Agreement, nor an offer or solicitation to enter into a Franchise Agreement or business opportunity with Burger Craft.



FRANCHISE APPLICATION

(Each Applicant Must complete their own)

This application does not obligate Burger Craft to accept you as a Franchisee. Applicants are not required to give any information prohibited by law. Our franchise policies are non-discriminatory regarding age, race, sex, religion, national origin, marital status, disability, Vietnam era status or any other characteristic prohibited by law. To properly evaluate all applications for franchise opportunities, it is important that you provide us with all the necessary information. Please carefully and accurately complete all information requested. Any false statements are grounds for default without any refund options. Attach any additional information such as a resume, financial statement, or letters of recommendation that will assist us in evaluating your application.

PERSONAL INFORMATION

Name _____ Email address: _____

Street Address _____

City/ State/ Zip _____ Degree: HS Bachelor Master PhD Other

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Driver's License State _____

Best time to call you? __am __pm Cell Phone: (____) ____-____ DL# _____

Marital Status: _____ DOB: ____/____/____ Age: ____ SSN: ____-____-____
 Married Single

Spouse's Name: _____

Spouse's DOB: ____/____/____

Spouse's SSN: ____-____-____

Partner's Name: _____

Partner's DOB: ____/____/____

Partner's SSN: ____-____-____

Partner's Name: _____

Partner's DOB: ____/____/____

Partner's SSN: ____-____-____

Currently your residence is? Rented Mortgaged Other

If Other please provide details: _____

Duration at Current Residence: _____ Days _____ Months _____ Years

Duration at Previous Residence: _____ Days _____ Months _____ Years

Are you a United States Citizen? Yes No

If No, What Country? _____

Have you ever filed Bankruptcy? Yes No

If Yes, provide the details: _____

TERRITORY

How did you hear about Burger Craft? _____

Will you regard your Franchise as a Career or an investment? _____

What specific areas/territories are you interested in applying for? _____

Choice 1: _____

Choice 2: _____

Choice 3: _____

Have you ever been in business for yourself? Yes No

Has your spouse ever been in business for themselves? Yes No

Has your Partner ever been in business for themselves? Yes No

If Yes, which Partner? _____

BUSINESS EXPERIENCE (Last 10 Years)

(You may attach a Resume if it provides all the information)

Current employer: _____ Phone (____) _____ No of years: _____

May we contact your current employer? Yes No

Title: _____ Salary/ Hourly: _____

Duties and Responsibilities: _____

Previous Experience	Employer/ Title/ Responsibilities	Annual Income
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

Do you have any previous Military or Naval Service? Yes No If YES, Rank: _____

Do you have any previous relative experience? If YES, explain: _____

PERSONAL REFERENCES

Please list at least 3 personal references whom we may contact:

Name	Address	Phone	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BUSINESS / CREDIT REFERENCES

Please list at least 3 credit references whom we may contact:

Name	Type of Account	Phone	Balance High / Low
1. _____	_____	_____	_____

2. _____

 3. _____

How much time will you devote to the business? _____

How much time will your Spouse/Partner devote to the business? _____

Do you now or have you ever owned a franchise? Yes No
 If YES, what franchise and where was it located: _____

Why did you leave your previous franchise: _____

CONFIDENTIAL INFORMATION

Banking Institution Name: _____

Checking Savings Both

Contact Name: _____ Phone #: (_____) _____ - _____

Total Investment and working capital you wish to invest? (check one)
 \$30,000 \$60,000 \$90,000 \$120,000 \$150,000 \$170,000 \$200,000

Do you plan on obtaining financing Yes No
 If Yes, where do you plan on obtaining financing from? _____
 If Yes, when do you anticipate the funds to be available? _____

<u>Assets</u>		<u>Liabilities</u>	
Cash on hand/ in Banks	\$ _____	Notes Payable/ Loans	\$ _____
Securities Annual Salary	\$ _____	Real Estate Mortgages	\$ _____
Receivables/ Notes	\$ _____	Accounts Payable/ Bills	\$ _____
Automobiles	\$ _____	Due on Automobiles	\$ _____
Personal Property/ Furniture	\$ _____	Other Debts/ Obligations	\$ _____
Real Estate	\$ _____	List	\$ _____
Life Insurance (cash value)	\$ _____		\$ _____
Stocks/Bonds	\$ _____		\$ _____
Other Assets	\$ _____		\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Total Net Worth	\$ _____

Annual Sources of Income			
Salary	\$ _____	Bonus and Commissions	\$ _____
Dividends and Interest	\$ _____	Real Estate Income	\$ _____
Business, Professional	\$ _____	Royalty	\$ _____
Other Income (describe)	\$ _____		\$ _____

\$ _____ **Total Income** \$ _____
 \$ _____ **Total Net Worth** \$ _____

Please use this space to provide any additional details which may assist us in evaluating your qualifications for a franchise. _____

What type of sales experience do you have?

- Retail Sales _____ Years
- Business to Business Selling _____ Years
- Account Management _____ Years
- Customer Service _____ Years
- Internet / Web _____ Years
- None

Please rate the areas on a scale of 1-10 indicating those areas you feel you will need the most assistance?

Rating: 10= need a great deal of assistance 1=need minimal assistance

- Sales _____ Rating
- Customer Service _____ Rating
- Account Management _____ Rating
- Marketing _____ Rating
- Product Training _____ Rating
- Licensing _____ Rating
- Insurance _____ Rating
- Accounting _____ Rating
- Business Management _____ Rating
- Financing _____ Rating

CERTIFICATION

I certify that the information that I have provided to Burger Craft is true and correct. I authorize Burger Craft to verify the information I have provided on this and any attached forms including, but not limited to, acquiring a credit verification report from a credit agency, and an FBI background check. I hold Burger Craft harmless for any damages arising from the verification of this or other information I have provided.

Signature _____ Date: ____/____/____

Upon completing this form:

- Send a legible copy of Driver’s license
- Send last two years income tax statements
- Send a copy of bank or brokerage statements reflecting cash available, stocks, bonds, etc.
- Business Plan (short version) – 1 pg. summary
- Fax/Email all to:** Burger Craft, LLC
 Attention: Franchise Application
 501 Lake Cove Pointe Circle
 Winter Garden, Fl 34787
 512-535-0084
 Suzannebonham@ymail.com

All of this information must be included to process your application.