



Franchise Application

ALL APPLICANTS

Please fill out this section

Date: _____
(Please type or print clearly)

How did you become aware of this franchise opportunity?

- Magazine List: _____ Web Listing Specify: _____
- Visit to a Unit Where: _____ Trade Show Where: _____
- Referral Whom: _____ Other Describe: _____

I am interested in:

- Single Locations Territory
- Multiple Locations Other

Franchisee will be:

- Individual A Partnership A Corporation
- All individuals and partnerships fill out sections A, B, C, F & G All corporations fill out sections D, E, F & G

If you plan to have business partners, list names and addresses below. If names are to be included on the Franchise Agreement, please have these individuals fill out a separate application.

Name	Address	City	State	Zip	Phone Number

INDIVIDUAL or PARTNERSHIP APPLICANTS

Please fill out this section

A. Individual Biographical Data

Name	Social Security Number	Date of Birth (Month/Day/Year)	Citizenship (Country)
Street Address	City	State	Zip
County	How Long at this Address?	Home Phone Number	FAX Phone Number

B. Employment History (Attach Resume if You Wish)

Self-Employed: _____ Employed By: _____

Name of Company Current Employer Number of Years

Street Address	City	State	Zip
Phone Number	Position	May we contact you at work?	

C. Financial Information

Current Salary Per Year	Other Income	Describe
Total Assets	Total Liabilities	Total Net Worth
Do you:	<input type="checkbox"/> Own Home: _____ <input type="checkbox"/> Rent	
	<small>Current Value</small> <small>Mortgage</small>	
Do you have a Financing Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
	<small>List</small> <small>Amount of Financing Available</small>	
If qualified, when would you be ready to invest in a franchise?	_____	_____
	<small>Month/Year</small>	<small>Total Cash Available for Investment</small>

CORPORATE APPLICANTS

D. Corporate Biographical Data

Please fill out this section

Company Name	Federal Tax ID	Dun & Bradstreet #
Contact Name	Social Security Number	Title
Address	City	State Zip
Phone Number	FAX Number	
Date of Incorporation	Years in Business	State of Incorporation

E. Corporate Officers

Name	Title	% of ownership
Name	Title	% of ownership
Name	Title	% of ownership
Name	Title	% of ownership

ALL APPLICANTS F. Development Data

Please fill out this section

Market areas preferred: 1) _____ 2) _____ 3) _____

Who will be responsible for the daily operations of the business? _____
operator's name

Please list operator's experience:

Company name	Position	Number of Years
Company name	Position	Number of Years
Company Name	Position	Number of Years

Are you currently involved with any restaurant franchise(s)? Yes No If yes, please list brand(s) and type(s) of food served:

Brand Name	Type of Food Served
Brand Name	Type of Food Served
Brand Name	Type of Food Served

Please note that the following documents ARE REQUIRED for an applications package to be considered complete:

- 1) Completed Application (*Failure to answer applicable questions will delay action*)
- 2) Audited Financial Information including balance sheets, income statements, cash flow analysis (*Corporations Only*)
- 3) Completed Financial Verification Form

G. STATEMENT OF CERTIFICATION

I certify that the information contained in this application is true and complete. You are authorized to make an investigative report including any inquiries that you deem necessary to verify the accuracy of this information and to determine my credit worthiness. All information will be kept confidential.

Signature	Date
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RETURN TO: Shared FM Enterprises, Inc.
Attn: New Business Development
1050 Winter Street, Suite 1000
Waltham, MA 02451
 email: Franchsing@SharedFM.com
 Phone: 781-890-2700. Fax: 866-695-5001