

# UMBRIA

## Franchise Application

In order to properly evaluate your application, it is necessary that you fill out this form as accurately and completely as possible. If you want the income and assets of another person to be considered, that person must also file a separate Franchise Application form. **This information will be held in absolute confidence by Umbria Pizzeria LLC and does not obligate either party.**

### PERSONAL DATA (To be completed only if Applicant is an INDIVIDUAL)

Applicant Name : (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Co-Applicant Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address : \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone : (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Own Home : \_\_\_\_\_ Rent Home: \_\_\_\_\_ If Renting, name & phone of landlord: \_\_\_\_\_  
Last Former Residence: \_\_\_\_\_ How Long: \_\_\_\_\_  
Education: 9 10 11 12 1 2 3 4 GS Name of College: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduate Degree: \_\_\_\_\_

### Employment History

PRESENT EMPLOYMENT - Dates Employed: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

PREVIOUS EMPLOYMENT - Dates Employed: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

PREVIOUS EMPLOYMENT - Dates Employed: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Company: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

### Business Data

Are you a partner, officer or owner of any other business? If so, list and indicate percentage of ownership: \_\_\_\_\_

Have you ever been self-employed? If so, explain: \_\_\_\_\_

Do you have any prior restaurant experience? \_\_\_\_\_ Please describe: \_\_\_\_\_

Do you currently own any other franchises? \_\_\_\_\_ If so, please name, give location(s), and state how long: \_\_\_\_\_

### CORPORATE DATA (To be completed only if Applicant is a CORPORATION)

Name of Corporation: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_ State of Formation: \_\_\_\_\_  
Name of Contact for this Application: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Principals of Corporation

Name/Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ % of Ownership \_\_\_\_\_  
Address: \_\_\_\_\_

Has this company or any of its principals ever had a business failure? If so, explain: \_\_\_\_\_

# CONFIDENTIAL CREDIT APPLICATION

Please complete this portion if you are an **INDIVIDUAL**

Please be aware that you are not required to disclose income from alimony, child support or maintenance payments if you do not wish to have it considered as a basis for payments of this obligation.

<b>Assets</b> (in dollars)	
Cash on hand & in banks (Sch. A)	\$
Marketable Securities (Sch. B)	
401K;Retirement Account (Sch. B)	
Non-Marketable Securities (Sch. B)	
Accounts Receivable (Sch. C)	
Notes Receivable (Sch. C)	
Life Insurance-Cash Surrender Value Only (Sch. D)	
<b>Total Current Assets</b>	
Mortgage/Real Estate Receivable (Sch. E)	
Real Estate (Sch. F)	
Furniture, Fixtures, Machinery	
Automobiles	
<b>Total Assets</b>	\$

<b>Liabilities and Net Worth</b> (in dollars)	
Notes Payable banks-Secured (Sch. G)	\$
Notes Payable-Unsecured (Sch. G)	
Notes Payable-Equipment	
Notes Payable-others	
Accounts Payable (Sch. G)	
Revolving Credit (Sch. G)	
Taxes: Income and Property	
Loans on Life Insurance	
<b>Total Current Liabilities</b>	
Mortgages (Sch. F)	
Mortgages on Land	
<b>Total Liabilities</b>	
<b>Net Worth</b>	
<b>Total Liabilities and Net Worth</b>	\$

Are any assets subject to any lien other than those described on the schedules? If yes, describe. \_\_\_\_\_

Does another person have an interest in any of the above assets? If yes, please explain and list the assets and the nature of the lien(s): \_\_\_\_\_

For the Month of \_\_\_\_\_, 20\_\_\_\_

**INCOME**

Salary, Wages	\$ _____
Bonus, Commissions	\$ _____
Interest, Dividends	\$ _____
Real Estate Income	\$ _____
Cash Received from Business	\$ _____
Notes/Accounts Receivable	\$ _____
Alimony and/or Child Support	\$ _____
Other (Specify) _____	\$ _____
<b>Total Monthly Income</b>	\$ _____

**EXPENSES**

Mortgage Loan(s)	\$ _____
Other Loans/Leases (Auto, Personal)	\$ _____
Living Expenses	\$ _____
Revolving Credit Card Payments	\$ _____
Business Payments Related to	
Individual Business or Partnership	\$ _____
Alimony and/or Child Support	\$ _____
Other (Specify) _____	\$ _____
<b>Total Monthly Expenses</b>	\$ _____
<b>NET MONTHLY INCOME (DEFICIT)</b>	\$ _____
(Total Income Minus Expenses)	

**CONTINGENT LIABILITIES**

Do you have any contingent liabilities? \_\_\_\_\_

If YES, Are you an endorser, co-maker or guarantor on any obligation? \$ \_\_\_\_\_ Detail: \_\_\_\_\_

Leases or Contracts? \$ \_\_\_\_\_ Detail: \_\_\_\_\_

Legal Judgments against you or pending against you? \$ \_\_\_\_\_ Detail: \_\_\_\_\_

Contested income tax lien? \$ \_\_\_\_\_ Detail: \_\_\_\_\_

Student Loan(s)? \$ \_\_\_\_\_ Detail: \_\_\_\_\_

Other \$ \_\_\_\_\_ Detail: \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Funds Available Immediately for Franchise Investment**

(List source and amount of funds)

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

**How will you pay for your restaurant equipment?**

Cash/Check \_\_\_\_\_

Outside Financing \_\_\_\_\_ Source: \_\_\_\_\_

# Cash

FOR INDIVIDUAL AND CORPORATE APPLICANTS

**Schedule A**     THE FOLLOWING BANK REFERENCES MUST BE COMPLETED FOR VERIFICATION PURPOSES.

Name and location of Banks (Minimum of 3 Required)	Telephone Number	Bank Contact	Type of Account	Account Number	Account Balance

**Schedule B**     Marketable/Non-Marketable Securities / 401K; Retirement Accounts

Number of Shares	Name of Issuer	Account Type: Stocks, Bonds, or Retirement	Account Number	Registered Owner	Pledged Yes or No?	Broker's Name, Company and Telephone Number

**Schedule C**     Accounts and Notes Receivable

Maker	Original Balance	Present Balance	Payment Schedule	Collateral, if any

**Schedule D**     Life Insurance carried, including Group Insurance

Amount	Owner of The Policy	Name(s) of Individual(s) Insured	Name of Issuing Company	Beneficiary	Cash Surrender Value (Not Face Value)	Policy Loans From Issuing Company

**Schedule E**     Mortgage/Real Estate Receivable

Description and Location	Owner(s) of Record	Amount Sold For	Unpaid Balance	Mortgages	Monthly Contract Payment

**Schedule F**     Real Estate

Description/Location/Use	Owner(s) of Record	Purchase Price	Present Value	Owing On Mortgage or Contract	Monthly Payment

**Schedule G**     Notes Payable, Accounts Payable, Revolving Credit

Maker	Original Balance	Present Balance	Payment Schedule	Collateral, if any

Name of CPA: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

(Complete if CPA was used for financial data)

# References

Individual	Address	Phone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Professional**

1.	_____
2.	_____
3.	_____

**Credit/Trade**

1.	_____
2.	_____
3.	_____

## Restaurant Information

1st Choice for Location: \_\_\_\_\_ 2nd Choice for Location: \_\_\_\_\_

Restaurant Concept : Full Service \_\_\_\_\_ Delivery/Carry-Out \_\_\_\_\_ Self Serve Buffet \_\_\_\_\_ Express Serve \_\_\_\_\_

To be: Free Standing \_\_\_\_\_ In-Line \_\_\_\_\_ Convenience Store \_\_\_\_\_ Other: \_\_\_\_\_

How did you learn of Umbria Pizzeria LLC? \_\_\_\_\_

Do you plan to establish a new company for the Umbria Pizzeria LLC franchise? Yes \_\_\_\_\_ No \_\_\_\_\_

If a new company will be established, please complete the following:

NAME OF NEW COMPANY: \_\_\_\_\_

Corporation     General Partnership     Limited Partnership     Limited Liability Company     Other: \_\_\_\_\_

Principal Owner(s), Shareholder(s), Partner(s) - If more space is required, please attach on a separate sheet of paper.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_ Title: \_\_\_\_\_

## ATTACH THE FOLLOWING

**FOR CORPORATE APPLICANTS:**

- CORPORATE TAX RETURNS** - Most Recent (2) Years
- YEAR TO DATE FINANCIAL STATEMENTS**
- BROKERAGE STATEMENT COPIES** - Less Than 60 Days Old

**FOR INDIVIDUAL APPLICANTS:**

- PERSONAL TAX RETURNS** - Most Recent (2) Years
- YEAR TO DATE FINANCIAL STATEMENTS**  
(IF YOU ARE A SOLE PROPRIETORSHIP)
- BANK AND/OR BROKERAGE STATEMENT COPIES** -  
(Less Than 60 Days Old)

The undersigned Applicant(s) (i) acknowledges that the information contained in this Application and the supporting documentation supplied by the undersigned is provided for the purpose of Umbria Pizzeria determining the undersigned's suitability to be approved as a franchisee and creditworthiness and/or the creditworthiness of other persons who, on behalf of the undersigned, may execute guarantees in Applicant's favor; (ii) understands that Umbria Pizzeria is relying upon the above information as a material factor in considering the Application; (iii) represents that all information in the Application is true, correct and complete as of the date hereof and the Application does not omit any fact that would be necessary in order to make the information furnished therein not misleading; (iv) agrees to inform Umbria Pizzeria promptly of any material change in the above information or any subsequent information provided to Umbria Pizzeria; (v) releases all persons from any liability resulting from the release to Umbria LLC of true and accurate information; and (vi) agrees that Umbria reserves the sole right in its absolute discretion to approve or disapprove the Application for any reason it may determine, and if Umbria Pizzeria LLC shall disapprove, it shall have no liability to the undersigned.

The undersigned Applicant authorizes Umbria Pizzeria to make an investigation and/or obtain credit or investigative reports whereby information is obtained through inquiries with the provided references, credit agencies, bureaus and other sources. Further the Applicant agrees that Umbria Pizzeria may disclose the information contained in this Application and all attachments to a third party lender or other financial company without any further authorization from the Applicant.

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Co-Applicant) \_\_\_\_\_ Date \_\_\_\_\_