



Franchise Application

Please print or type all information requested. Additional pages, if needed, should be attached. If there are additional co-owners/partners, shareholders, officers or directors involved, please copy this form and fill out a separate application form.

Applicant Name

Last	First	Middle	Nickname
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Street Address	City	State	Zip Code
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Driver's License No.	State	Social Security No.
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Home Phone	Business Phone	Cell Phone	Email
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Date of Birth	Marital Status	Occupation
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Personal Information

Spouse's Name _____

Where did you go on your last vacation? _____

Do you own or rent your home? How long? _____

If less than 2 years at current residence, please list former address.

Are you a U.S. citizen? Yes No

If no, please give a place of permanent residence and your immigration in the U.S. Also, please attach evidence of your status in the U.S. to this application.

Spouse's Occupation

Spouse's Date of Birth

Have you ever been convicted of a felony or misdemeanor?

Yes No

If yes, please state details.

Have you ever filed for bankruptcy? Yes No

If yes, please state details.

Do you or anyone related to you hold any interest in another restaurant concept?

If yes, please state details.

Are you or your employer providing products, goods, or services to Boom-A-Rang Diner or any of its franchisees? Yes No

Are you or anyone in your immediate family currently or previously employed by Boom-A-Rang Diner? Yes No

Have you applied for a Boom-A-Rang Diner franchise before? Yes No

What is your favorite movie? _____

General Information

Will you operate and manage a Boom-A-Rang Diner franchise on a full-time basis?

Yes No

If no, please state details.

Will any member of your family be directly involved with the day to day operation of this business? Yes No

Other Parties Involved in this Business

Partners or associates who will join your in this venture must all fill out a separate Boom-A-Rang Diner franchise application form.

Name of Operating Partner(s)

Street Address

City

State

Zip Code

Home Phone

Business Phone

Cell Phone

Email

Percent of ownership: _____

What about this person makes you trust them enough to partner on this business? _____

List additional partners or associates: _____

Will they devote their full time to this business? Yes No

List desired geographical area(s): _____

What is your favorite college or professional sports team?

Do you have a specific location in mind? Yes No

When will you be ready to open your franchise? _____

How much money are you prepared to invest in Boom-A-Rang Diner franchise? _____

How many unit(s) would you like to develop? _____

Would this be your sole source of income? Yes No

Why are you interested in developing a Boom-A-Rang Diner franchise?

Business Ownership History

Please list the name and activity of any business in which you have owned more than 10% interest during the previous 10 years or any current business affiliations other than your occupation.

Employment History

Present Employment

Company	Position	Employment from	to
Street Address	City	State	Zip Code
Telephone	Annual Salary	Supervisor	

Describe the duties, responsibilities and number of employees under your supervision.

May we contact your present employer? Yes No

Previous Employment *Please list your last two employers.*

Employer	Years Employed	Telephone
Job Description		Supervisor

Employer	Years Employed	Telephone
Job Description		

May we contact your previous employers? Yes No

Education

High School Name and Location	Years Completed
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College Name and Location	Years Completed Major and Degree(s)
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Graduate School Name and Location	Years Completed Major and Degree(s)
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Other School Name and Location	Years Completed Major and Degree(s)
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Best class or professor you ever had

Military Service

Branch of Service

Type of Discharge	Active duty from to
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Community Activities

List membership in any civic, service or professional organizations.

Personal References

Name two persons who have known you for at least five years. Do not include former employees or relatives.

Name	Address	Affiliation
Telephone	Known how long?	

Name	Address	Affiliation
Telephone	Known how long?	

If you were unjustly accused of a crime which one of the above would either bail you out or break you out of jail?

Financial Worksheet

Our minimum financial requirements have been established to help insure that you will have the cash flow and capital necessary to start a new business. These minimums may vary depending on the market being developed. Please complete the following.

Source of Income

Salary \$ _____

Net Real Estate Income \$ _____

Spouse's Salary \$ _____

Business Profits \$ _____

Dividends and Interest \$ _____

Other Income \$ _____ Total Income \$ _____

Assets and Liabilities

Liquid assets are defined as cash in a bank or other assets that can be converted to cash within 30 days such as stocks, bonds and money market accounts. Please note that your net worth is defined as the total of your assets (liquid and non-liquid) minus your total liabilities.

Liquid Assets

Cash in Banks \$ _____

CDs and Money Markets \$ _____

Stocks and Bonds \$ _____

Total Liquid Assets \$ _____

Liabilities

Loans, Notes Payable \$ _____

Mortgages Payable \$ _____

