

# BEEF 'O' BRADY'S

★ GOOD FOOD, GOOD SPORTS™ ★

Please complete our Application for Consideration to be used in the evaluation process for a Beef 'O' Brady's.

**Prior to attending the Discovery Day process, we will request from a third party who FSC Franchise Co, chooses to obtain a consumer report and/or investigative consumer report(s) on each person who will be on the Franchise Agreement.**

Return either by email or secure fax to:

[msudovich@fscfranchiseco.com](mailto:msudovich@fscfranchiseco.com)

Fax: (813) 902-7061

Attn: Michelle Sudovich



**Cheers to your future!!!**



## Tell us about you and why you want to own a Beef 'O' Brady's

Have you ever owned your own business? If so, tell us about your experience:


What are your personal goals in owning and operating a Beef 'O' Brady's?


How did you find out about the Beef 'O' Brady's opportunity? Which Beef 'O' Brady's have you visited?


Special Interests (hobbies, sports, favorite teams, etc.):


Why will you be a successful Beef 'O' Brady's owner/operator?


List your areas of interest (city and state) for development? What is your timeframe for opening?


Additional notes and comments from any previous sections of the application:


Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the enclosed information as given is correct and complete. This application does not guarantee or constitute the granting of a franchise from FSC Franchise Co., LLC, it is however understood that the applicant supplies the information contained herein to the best of their knowledge and ability, and the company relies on this information in assessing the desirability and qualification of each applicant.



**Applicant Personal Information:**

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: MO: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Email Address** \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Applicant Spouse or Business Partner Information:**

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: MO: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Email Address** \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Applicant Education:**

High School \_\_\_\_\_ Last Grade Completed: 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_

College/University \_\_\_\_\_ Degree(s) Received \_\_\_\_\_ Year \_\_\_\_\_

**Previous Employer/Business Experience:**

Company: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Phone \_\_\_\_\_ Dates: \_\_\_\_\_ Type of Business \_\_\_\_\_

Position/Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer/Business Experience:**

Company: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Phone \_\_\_\_\_ Dates: \_\_\_\_\_ Type of Business \_\_\_\_\_

Position/Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Company: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Phone \_\_\_\_\_ Dates: \_\_\_\_\_ Type of Business \_\_\_\_\_

Position/Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Military Experience**

Branch of Service/MOS: \_\_\_\_\_

Position/Duties/Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## PERSONAL FINANCIAL STATEMENT

I MAKE THE FOLLOWING STATEMENT OF ALL Y ASSETS AND LIABILITIES ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

ASSETS	\$		LIABILITIES	\$	
CASH ON HAND IN BANK			SECURED NOTES PAYALBE TO BANKS		
U.S. GOVERNMENT SECURITIES			UNSECURED NOTES PAYABLE TO BANKS		
ACCOUNTS, LOANS AND NOTES RECEIVABLE			NOTES PAYABLE TO RELATIVES		
CASH SURRENDER VALUEOF LIFE INSURANCE			ACCOUNTS AND NOTES PAYABLE TO OTHERS		
STOCKS AND BONDS			RENTS AND INTEREST DUE		
REAL ESTATE - HOME			TAXES DUE		
REAL ESTATE - OTHER			LIENS ON REALESTATE		
AUTOMOBILES AND NUMBER			AUTO LOANS		
OTHER ASSETTS -(itemize)			CHARGE ACCOUNTS (Itemize)		
			AS ENDORSER OR CO-MAKER		
			ON LEASES OR CONTRACTS		
			LEGAL CLAIMS		
			PROVISIONS FOR FEDERAL INCOME TAX		
<b>TOTAL ASSETTS</b>	<b>\$</b>		<b>TOTAL LIABILITIES</b>	<b>\$</b>	
<b>TOTAL ASSETS MINUS TOTALL IABILITES=NET WORTH</b>					

## MONTHLY INCOME AND EXPENSES

SOURCE OF MONTHLY INCOME		MONTHLY EXPENSES	
SALARY	\$	RENT OR MORTGATE PAYMENT	\$
BONUS & COMMISSION		FOOD & UTILITIES	
DIVIDENDS AND INTEREST		INCIDENTALS	
REAL ESTATE INCOME		AUTO LOAN(S)	
OTHER		MEDICAL	
		CHARGE ACCOUNTS (Itemize)	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>	

HOW MUCH CAPITAL CAN YOU ALLOCATE TO BUY A Brass Tap? \$ \_\_\_\_\_

WHAT IS THE CASH DOWN-PAYMENT YOU CAN MAKE? \$ \_\_\_\_\_

IF THE REQUIRED CAPITAL AMOUNT IS NOT AVAILABLE, HOW WILL THE INVESTMENT BE OBTAINED?

DO YOU PLAN TO HAVE PARTNER(S)? YES \_\_\_ NO \_\_\_ Please give names of partners and % of ownership.

Name: \_\_\_\_\_ %: \_\_\_\_\_ Active: Y or N Name: \_\_\_\_\_ %: \_\_\_\_\_ Active: Y or N

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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