

BEEF 'O' BRADY'S

 **GOOD FOOD, GOOD SPORTS**  SM

Please complete the information contained herein to be used in the evaluation process for a Beef 'O' Brady's Family Sports Pub.

Should you need space to provide additional supporting documents and comments, please attach the documents and comment page(s) to this form.

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).

Return either by email to your Franchise Sales Director at sslowey@fscfranchiseco.com
or fax to (813) 902-7061



Application: Domestic US ___ Intl: Country: ___/___ Personal: ___ Group or Entity ___

(Will you have other investors/owners or active participants?) ___: Entity Name: ___

(each individual for an existing or entity being formed must submit an application form and Authorization to Release Consumer Credit)

Email Address: _____

Applicant Personal Information:

Name: _____ Cell Phone _____ Home Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Date of Birth: Mo: _____ Day: _____ Year: _____ **Employer:** _____

Work Phone: _____ **Have you lived outside the US in the last years or do you have dual**

Applicant Spouse Information: **citizenship:** YES ___ NO ___

Name: _____ Cell Phone _____ Home Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Date of Birth: Mo: _____ Day: _____ Year: _____ Social Security Number: _____ - _____

Employer: _____ Work Phone: _____

Applicant Education:

High School _____ Last Grade Completed: 8 ___ 9 ___ 10 ___ 11 ___ 12 ___

College/University _____ Degree(s) Received _____ Year _____

Military and Business Experience: (Present or last position first.)

Branch of Service/Company: _____

Address/Location: _____

Phone _____ Dates: _____ Type of Business _____

Position/Duties/Responsibilities: _____

Military and Business Experience: (Present or last position first.)

Branch of Service/Company: _____

Address/Location: _____

Phone _____ Dates: _____ Type of Business _____

Position/Duties/Responsibilities: _____

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Address/Location: _____

Phone _____ Dates: _____ Type of Business _____

Position/Duties/Responsibilities: _____

PERSONAL FINANCIAL STATEMENT

IMAKETHEFOLLOWINGSTATEMENTOFFALL ASSETSANDLIABILITIESONTHIS S _____ DAYOF S _____ 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		
TOTAL ASSETTS		\$	TOTAL LIABILITIES		\$
TOTALASSETSMINUSTOTALLIABILITES=NETWORTH					

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)	
TOTAL INCOME		TOTAL EXPENSES	

HOW MUCH CAPITAL CAN YOU ALLOCATE TO BUY A BEEF O'BRADY'S? \$ _____

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 CONVERT ANY OF THE ABOVE INTO CASH? YES _____ NO _____

DO YOU PLAN TO HAVE PARTNER(S)? YES ___ NO ___ IF SO WILL PARTNERS BE ACTIVE? YES ___ NO _____

PARTNER(S) NAME _____

EXPLAIN YOUR ANSWERS AND ANY OTHER STRATEGIES YOU HAVE FOR OBTAINING THE REQUIRED FUNDS:

WHAT IS THE MINIMUM INCOME YOU WILL NEED TO MAINTAIN YOUR FAMILY DURING THE FIRST YEAR OF BUSINESS? _____

FROM WHAT SOURCES WILL IT COME? _____

Tell Us About You!

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

What are your personal goals in owning and operating a Beefs?

How did you find out about the Beefs opportunity? Which Beefs have you visited?

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

Why will you be a successful Beefs 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.

