

## SPICY PICKLE FRANCHISE APPLICATION

Each owner, partner, member and shareholder associated with the purchase of the franchise must complete a Franchise Application

1. Personal Information
  - A. Name: First \_\_\_\_\_, Last \_\_\_\_\_.
  - B. Address:  
Street \_\_\_\_\_,  
City \_\_\_\_\_,  
State \_\_\_\_\_, Zip \_\_\_\_\_  
How long have you lived in this area? \_\_\_\_\_ yrs.
  - C. Contact Information:  
Home phone \_\_\_\_\_,  
Cell phone \_\_\_\_\_,  
Work phone \_\_\_\_\_,  
fax \_\_\_\_\_,  
email \_\_\_\_\_.
  - D. Current Employment:  
Type of business \_\_\_\_\_,  
Number of years \_\_\_\_\_,  
Current position \_\_\_\_\_.
2. General Information
  - A. How did you hear about us? \_\_\_\_\_.
  - B. Where do you want to locate your restaurant? \_\_\_\_\_.
  - C. Have you considered other franchises? Yes \_\_\_ No \_\_\_
  - D. Have you received a FDD (Franchise Disclosure Document) from any other franchise company? Yes \_\_\_ No \_\_\_
  - E. Have you looked at other food franchise companies? Yes \_\_\_ No \_\_\_  
If Yes which Ones? \_\_\_\_\_
3. Current and past business experience. Please state name of restaurant or retail establishment, duties and positions held, length of employment and location of employment.
  - A. Have you ever worked in the restaurant industry? If so please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - B. Do you have any multi-unit restaurant experience? If so please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - C. Do you have any retail experience? If so please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Getting started.

- A. Do you intend to keep your current employment after the restaurant opens?  
Yes \_\_\_ No \_\_\_
- B. Will you be managing the restaurant ? Yes \_\_\_ No \_\_\_
- C. Do you have a manager or other person who will be managing the restaurant?  
Yes \_\_\_ No \_\_\_
- D. You must be available for three to four weeks of training shortly before the restaurant opens. Will you be able to do this? Yes \_\_\_ No \_\_\_
- E. Are you financially capable of funding the total cost of opening a Spicy Pickle restaurant estimated at \$400,000? Y \_\_\_ N \_\_\_
- F. We will ask you about your financial ability in more detail during our initial phone interview.

Submission of this Franchise Application does not constitute acceptance by Spicy Pickle Franchising, Inc. (Spicy Pickle) of applicant as a franchisee nor does it grant any franchise rights, which may only be granted by executing a written franchise agreement.

Before I am accepted as a franchisee with Spicy Pickle I authorize Spicy Pickle to start an investigative consumer report (including information as to my character, general reputation, personal characteristics and mode of living) and credit investigation based on information voluntarily provided by me at that time and represent that all information is true and accurate. I understand that I have a right to request that Spicy Pickle make a complete and accurate disclosure of the nature and scope of such investigation. Spicy Pickle may obtain my credit report in connection with this application and other information provided by me in the future. This is my authorization to credit reporting agencies, bank (s), creditors and suppliers to release to Spicy Pickle and to Spicy Pickle to release to such parties all information requested regarding my depository, loan or other credit information including without limitation, financial information by telephone or in writing as part of the normal credit evaluation process. I release my bank (s), creditors, suppliers and Spicy Pickle from all liability with respect to the release of any such requested information. Authorization is granted to use photo or fax copies of my signature to obtain information. If I am requesting that Spicy Pickle make a credit determination based on my creditworthiness combined with any co-applicants, I authorize Spicy Pickle to discuss any derogatory credit items with such co-applicants. **I understand that Spicy Pickle may, at any time, require that I sign an updated application or provide updated or additional information. I acknowledge that I have read, and hereby agree to be bound by the terms of the Confidentiality and Non-Disclosure Agreement that is a part of this Application and will be executed by the parties prior to any additional disclosure.**

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Date

Print Name (First, MI, Last)

Signature

Return this Application to Spicy Pickle Franchising, Inc., 90 Madison St., Suite 700, Denver, Colorado, 80206, Attn: Franchise Sales Department; (303) 297-1902, FAX (303) 297-1903, E-Mail: [bob.feldman@spicypickle.com](mailto:bob.feldman@spicypickle.com)