

## DAMGOODE FRANCHISE APPLICATION

*Except to the extent necessary to process this application, otherwise described below, or required by law, we will keep your financial and personal information confidential. We will not contact your current employer without your consent.*

**Instructions:**

- Complete and return this application in connection with your interest in being approved to become a Damgoode franchisee
- Each person or entity that would have an interest in the franchise must submit an application (a married couple may complete a single form)
- Mail completed form to: **Damgoode Franchising LLC, 650 S. Shackleford Suite 400, Little Rock, AR 72211**

Application Date:	
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How did you first hear about our franchise program?: (please select one)	<input type="checkbox"/> Website <input type="checkbox"/> Internet articles <input type="checkbox"/> Existing franchisee	<input type="checkbox"/> Damgoode Location _____ <input type="checkbox"/> Other _____
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**PERSONAL INFORMATION**

Name:	
	First Middle          Last
Social Security #:	
Date of Birth:	

US Citizenship or Permanent Resident Alien Status	
Check One Box:	<input type="checkbox"/> US Citizen  <input type="checkbox"/> Permanent Resident Alien

Current Home Address:		Check One Box:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
	Number and Street			
	State, City and Zip Code	Lived at this address for:	Years	Months

Last Prior Home Address: (Applicant)		Check One Box:	<input type="checkbox"/> Own
	Number and Street		<input type="checkbox"/> Rent
		Lived at this	
	State, City and Zip Code	address for:	Years Months

Last Prior Home Address: (Co-Applicant)		Check One Box:	<input type="checkbox"/> Own
	Number and Street		<input type="checkbox"/> Rent
		Lived at this	
	State, City and Zip Code	address for:	Years Months

Contact Information	Applicant	Co-Applicant
Home:		
Work/Office:		
Fax:		
Mobile:		
E-mail:		

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
	Spouse's Name:		
	First	Middle	Last
Would your spouse have an active role in the business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <input type="checkbox"/> Yes then describe your spouse's anticipated role:			
Would your spouse have an ownership interest in the business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If <input type="checkbox"/> Yes then your spouse must apply with you to become a franchisee, and your spouse must provide the information for Co-Applicant.</i></b>			

Complete this section for Co-Applicant only if Applicant and Co-Applicant are a married couple applying together.			
Social Security #:		Check One	<input type="checkbox"/> US Citizen
Date of Birth:		Box:	<input type="checkbox"/> Permanent Resident Alien
Number of Dependents:		Ages of Children:	
	Applicant	Co-Applicant	If "Yes" to any of the following questions, then provide complete explanation and details.
Have you ever been convicted of a crime, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any felony charges pending, or are you under indictment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been the subject of a petition in bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**YOUR INTEREST IN BECOMING A DAMGOODE FRANCHISEE**

Why do you want to become a Damgoode franchisee?	

**GEOGRAPHIC INTEREST**

Please tell us about any specific area or site you have in mind. (Please note that approval of your application will not imply any development rights to a site or area you identify)	

## EDUCATION

### Applicant

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
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College or University	Years Attended	Year Graduated	Major	Degree

Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?	
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### Co-Applicant

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
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College or University	Years Attended	Year Graduated	Major	Degree

Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?	
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**BUSINESS EXPERIENCE**

	Applicant	Co-Applicant	If "Yes" to any of the following questions, then provide complete details, including name, state, and nature of your involvement.
Do you now or have you ever owned, managed or held an interest in any Restaurant?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Do you currently have an interest in any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Have you ever been a franchisee with respect to a business not identified above?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	

**Applicant**

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)

**Co-Applicant**

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From – To)

**OWNERSHIP OF FRANCHISE AND MANAGEMENT OF FRANCHISE**

Would any person or entity, other than you have an interest in the franchise?	<input type="checkbox"/> Yes	If <input type="checkbox"/> Yes, list each other person and entity who would have an interest in the business:	
	<input type="checkbox"/> No		
Who will be the operating partner(s)?			<i>Manager must have completed the Operations training with us.</i>
Do you consider yourself able to undertake the physical tasks necessary to operate a Damgoode franchise on a day-to-day basis?	<input type="checkbox"/> Yes	Describe how you will be involved in the day-to-day operation of the franchise:	
	<input type="checkbox"/> No		

**INVESTMENT FINANCING\*\***

A. What is your total anticipated Investment to open for business?	\$ _____
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B. What portion of the Investment would you pay in cash?	\$ _____
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List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount

C. What portion of the Investment would your partner(s) pay in cash?	\$ _____
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D. What portion of the Investment are you and your partner(s) borrowing?	\$ _____
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List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount

<b>Total (B thru D above)</b>	\$ _____
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**\*\* IMPORTANT NOTE: The approval of your application will not imply that Damgoode has attempted to asses whether you have reasonably estimated your total anticipated Investment.**

**PERSONAL FINANCIAL STATEMENT**

**As of Application Date**

ASSETS		Applicant	Co-Applicant
Cash in banks including savings, checking, etc. (Schedule 1)		\$ _____	\$ _____
Marketable securities, stocks, bonds (Schedule 1)			
401K, IRA, or other retirement accounts (Schedule 1)			
Real estate - primary residence (Schedule 2)			
Real estate – other (Schedule 2)			
Interests held in other businesses			
Other Assets (Itemize)			
<b>Subtotal</b>		\$ _____	\$ _____
<b>TOTAL ASSETS</b> (add subtotals from both columns)			\$ _____

LIABILITIES		Applicant	Co-Applicant
Mortgage Notes – secured by primary residence (Schedule 2)		\$	\$
Mortgage Notes – secured by other real estate (Schedule 2)			
Loans Payable (not secured by real estate) (Schedule 3)			
Credit card debt, and other revolving debt			
Real estate – other (Schedule 2)			
Other Debts, Liabilities, and Financial Obligations (Itemize)			
<b>Subtotal</b>		\$	\$
<b>TOTAL LIABILITIES</b> (add subtotals from both columns)			\$ _____

<b>NET WORTH</b> (equals Total Assets Minus Total Liabilities)	\$ _____
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**PRESENT ANNUAL INCOME**

		Applicant	Co-Applicant
Salary		\$	\$
Bonus and Commissions			
Dividends			
Real Estate (e.g. rental income, etc.)			
Other Income (Itemize)			
<b>Subtotal</b>		\$	\$

**SCHEDULES TO PERSONAL FINANCIAL STATEMENT (Attach additional sheets if necessary)**

**Schedule 1 – Asset Accounts and Individually Held Securities**

Financial Institution & Account No. (or Number and Name of Securities)	Type of Account, Fund or Security	Balance or Market Value	Outstanding Loans (e.g. Margin balance)	Owner of Record

**Schedule 2 – Real Estate**

Property Address & Description (e.g. single family home, etc.)	Assessed Market Value	Mortgage & Leins	Total Annual Payments of Mortgage and Leins	\$ Equity Owned by Applicant(s)

**Schedule 3 – Loans Payable (not secured by real estate)**

Lender	Loan Type	Balance	Monthly Payment	Maturity/Pay Off

Please note, the follow documents must be submitted with this application to be considered completed. Damgoode Pies Franchising, LLC may request additional documentation and information before rendering a decision on this application.

- Last 2 months statement for each account listed in Schedule 1 (obtain an updated statement from your financial institution if the one you have is more than 90 days old);
- Property tax statement for each property listed in Schedule 2;
- If any required document cannot be provided, then a written explanation of the reasons why that required document is not available.

By signing below:

- I am representing and warranting that the information in this application (including information in the documents that I submit as part of my application) is true and correct.
- I understand that Damgoode Pies Franchising, LLC will rely on this information when determining whether to approve my application. If Damgoode Pies Franchising, LLC approves my application, and later determines that the information I provided was materially false or incomplete, then Damgoode Pies Franchising, LLC will have a right to terminate the franchise that I acquire, which among other things required that I be of good character.
- I hereby authorize Damgoode Pies Franchising, LLC (and its affiliates and authorized agents) to make any additional credit, background, and character checks that Damgoode Pies Franchising, LLC or its affiliates deem appropriate, including obtaining of a person credit report. If my application is approved, then this authorization shall continue as long as I am in the process of developing a Damgoode franchisee, or I remain a Damgoode franchisee, or I have any obligations to Damgoode Pies Franchising, LLC or its affiliates, and any information obtained may be used by Damgoode Pies Franchising, LLC and its affiliates in an attempt to enforce my obligations to Damgoode Pies Franchising, LLC or its affiliates.
- I hereby authorize all persons, schools, banks and financial institutions, past or present employers, credit bureaus, and law enforcement agencies to release to Damgoode Pies Franchising, LLC (and its affiliates and authorized agents) any information about me that they possess, without qualification or restriction, and I hereby release them from any liability for complying with this authorization. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

- I am warranting and representing that I do not currently have any interest in a pizza business that would result in a violation of the covenants against competition contained in the franchise agreement governing the business I am seeking to acquire.
  
- I understand that if my application is approved, and I acquire a Damgoode Pies franchise, then Damgoode Pies Franchising, LLC and its affiliates may, but shall have no obligation to, from time to time extend credit to me in connection with my operation of a Damgoode Pies Franchising franchise, including but not limited to my purchases of Damgoode Pies Franchising brand products.
  
- I understand that Damgoode Pies Franchising, LLC shall determine in its sole and absolute discretion whether to offer me a franchise. If Damgoode Pies Franchising, LLC offers me a franchise, I understand that such offer shall not guarantee the success of the franchise or indicate that the investment is necessarily appropriate for me.

SIGNATURE: \_\_\_\_\_  
Applicant

SIGNATURE: \_\_\_\_\_  
Co-Applicant

***Except to the extent necessary to process this application, otherwise described below, or required by law, we and our affiliates will keep your financial and personal information confidential. We will not contact your current employer without your consent.***