

Franchise Application

Date _____

Send completed application to: Todd Gallinek; Tgallinek@aol.com; (704) 807-3142

Name (full legal) _____ Phone Work: _____

Residence Address _____ Phone Cell: _____

City, State & Zip Code _____ Email: _____

How long at this residence? _____

Previous address (if less than two years) _____

City, State & Zip Code _____

Current Employer: _____ Date of Employment: From _____ To _____

Address _____ Position _____

City, State & Zip Code _____

Previous Employer _____ Date of Employment: From _____ To _____

Address _____ Position _____

City, State & Zip Code _____

1. Are you a partner or officer in any other venture? Yes No No

If Yes, explain _____

2. Have Bankruptcy Proceedings ever been instituted by or against you? Yes No

If Yes, explain _____

3. Which two people would attend the 2-week training program?

Name _____ Phone Cell: _____

Name _____ Phone Cell: _____

4. Are you, or have you ever been, a party to any suits or legal activities? Yes No

If Yes, explain _____

5. Have you ever been convicted of a crime other than minor traffic offenses? Yes No

If Yes, explain _____

Completing this form does not obligate you or us in any way. It merely is intended to provide information on which to base preliminary discussions. All information will be kept strictly confidential. If an existing corporation, or other business entity, please include most recent 12-month Profit Loss Statement and Balance Sheet.

Assets		Liabilities	
Cash (under mattress and in bank)	_____	Accounts Payable	_____
Savings Accounts	_____	Notes Payable Business Related	_____
Investment Accounts	_____	Note Payable Automobiles	_____
IRA or Other Retirement Account	_____	Notes Payable Other	_____
Life Insurance - Cash Surrender Value Only	_____	Lines of Credit (including credit cards)	_____
Accounts and Notes Receivable	_____	Loan on Life Insurance	_____
Real Estate	_____	Mortgages on Real Estate	_____
Automobile Present Value	_____	Unpaid Taxes	_____
Other Personal Property	_____	Other Liabilities	_____
Other Assets	_____		
Total Assets	_____	Total Liabilities	_____

Section 1

Sources of Income

Salary	_____	As Endorser or Co-Maker	_____
Net Investment Income	_____	Legal Claims or Judgements	_____
Real Estate Income	_____	Provisions for Federal Income Tax	_____
Other Income (describe below)	_____	Other Special Debt	_____
Total Income	_____	Total Contingent Liabilities	_____

Description of Other income in Section 1 _____

Section 2

Major Credit References

Name and Address	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral

Section 3

Business or Personal References

Name and Address of Individual	Cell Phone	Business Phone	Membership (civic, business, professional)

I authorize Noodles Development, L.P to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify that the above information and the statements contained in the attachments are true and accurate as of the states date(s). I understand that FALSE statements may result in forfeiture of any position obtained in the process of acquiring a Nothing but Noodles Franchise ® and may eliminate any chances of obtaining a a Nothing But Noodles ® Franchise (or its affiliates) in the future

Signature _____ Date _____

General Information

1. Have you ever been, or are you now, in the food service business? Yes No
If Yes, explain: _____
2. Will this franchise be owned and operated by yourself or a group? _____
3. Will this business be your sole source of income? _____
4. Would you expect to devote your full time to this business? Yes No
If not, what percentage? _____
5. Would you employ a full-time representative? Yes No
6. Amount of capital available to invest in the business: _____
7. Do you have a financing source? Yes No
8. Amount of financing available: _____
9. Territory for which application was made: _____
10. Would you consider any other areas? _____
11. Additional choices: _____
12. If qualified, when would you be ready to invest? _____
13. Additional information that may be helpful: _____

I understand I am receiving proprietary information from Noodles Development, L.P. I also understand that information received from any Nothing but Noodles® associate, partner, employee, agent, or franchisee is confidential. It is agreed that the information made available to me through this application will be maintained with the highest level of confidence. I authorize Noodles Development, L.P. the use of all information provided to run credit checks and to submit included information to applicable financial entities, if necessary, to establish approved lines of credit. I understand I will have to complete the entire Nothing but Noodles® training program prior to being allowed to open a Nothing but Noodles® Franchise location.

I accept the above terms.

I do not accept the above terms.

Signature _____

Date _____