



Franchise Application

Please return the completed form to:
 Franchise Development
 Rise & Dine Restaurants Inc.
 274 Marconi Boulevard, Suite 260
 Columbus, OH 43215-2363
 Phone: 888-303-6230
 Facsimile: 614-396-5035
 Email: info@risedine.com

The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise.

Please print clearly and answer every question to expedite our review process.

How did you hear about Sunny Street Café™? _____

Have you visited a Sunny Street Café™ Restaurant? _____ Where? _____

Are you most interested in : Single-unit Operation Multi-unit Operation

Location preference (City/State): _____

List partner name(s) and phone(s): _____

Note: Individual forms are required for each partner.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	SSN		
ADDRESS			CITY	STATE	ZIP	CITIZENSHIP
DAYTIME PHONE	EVENING PHONE	FAX	EMAIL	SPOUSE NAME		

EDUCATION

CIRCLE YEARS COMPLETED:	HIGH SCHOOL: 1 2 3 4 5	COLLEGE: 1 2 3 4	DEGREE: _____	POST-GRAD: _____
SCHOOL ATTENDED	YEARS	COURSE OF STUDY		
SCHOOL ATTENDED	YEARS	COURSE OF STUDY		

BUSINESS INFORMATION SELF EMPLOYED EMPLOYED

PRESENT EMPLOYER	TYPE OF BUSINESS	PHONE	POSITION	SALARY	# OF YEARS	
PRESENT EMPLOYER	TYPE OF BUSINESS	PHONE	POSITION	SALARY	# OF YEARS	
DO YOU CURRENTLY OWN A BUSINESS?	YES / NO	IF YES, PLEASE DESCRIBE:				
HAVE YOU PREVIOUSLY OWNED A BUSINESS?	YES / NO	IF YES, PLEASE DESCRIBE:				
ARE YOU CURRENTLY BOUND BY A NON-COMPETE AGREEMENT OF ANY KIND? <input type="checkbox"/> NO <input type="checkbox"/> YES						

BUSINESS EXPERIENCE: Indicate the number of years experience for each of the following areas (complete all that apply).

_____ MANAGING PEOPLE	_____ P&L RESPONSIBILITY	_____ MARKETING	_____ RESTAURANT MANAGEMENT	_____ OWNED A FRANCHISE
_____ RETAIL	_____ ACCOUNTING	_____ CUSTOMER SERVICE	_____ SALES	_____ OWNED OTHER BUSINESS

REFERENCES:

NAME	PERSONAL/BUSINESS(?)	CITY/STATE	PHONE
NAME	PERSONAL/BUSINESS(?)	CITY/STATE	PHONE

FINANCIAL INFORMATION: Personal financial statement as of _____, 200__

INCOME FROM PRESENT OCCUPATION: \$ _____ OTHER INCOME: \$ _____ (ANNUAL)

OWN RESIDENCE? YES / NO

PERSONAL FINANCIAL STATEMENT

ASSETS

LIABILITIES

\$	CASH AVAILABLE	\$	CHARGE CARDS
\$	MARKETABLE SECURITIES	\$	PERSONAL LOANS
\$	RESIDENCE VALUE	\$	HOME MORTGAGE BALANCE
\$	OTHER REAL ESTATE	\$	OTHER REAL ESTATE BALANCE
\$	BUSINESS VALUE	\$	BUSINESS LOANS BALANCE
\$	MISCELLANEOUS	\$	OTHER MISC BALANCES
\$	AUTOS, FURNITURE, JEWELRY, ETC.		
\$	RETIREMENT PLANS		
\$	TOTAL ASSETS	\$	TOTAL LIABILITIES

\$ _____ **NET WORTH (ASSETS – LIABILITIES)**

DO YOU HAVE A FINANCING SOURCE? _____ SOURCE: _____ AMOUNT: _____

HAVE YOU BEEN INVOLVED IN ANY LITIGATION DURING THE PAST FIVE YEARS? YES / NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY OR “NOLO CONTENDERE” TO ANY FELONY OFFENSE, OR ANY MISDEMEANOR INVOLVING FRAUD, THEFT OR MORAL TURPITUDE?
YES / NO IF YES, PLEASE EXPLAIN IN DETAIL: _____

FINANCIAL INSTITUTION(S)

NAME	BRANCH	CITY/STATE	TELEPHONE

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION TO REQUEST ADDITIONAL INFORMATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT THE INFORMATION I PROVIDE WILL BE RELIED UPON BY FRANCHISOR [RISE & DINE RESTAURANTS INC. (“Franchisor”)]. I understand that the granting of a franchise is the sole discretion of the Franchisor and that acceptance of this form is not a granting of a franchise. Franchises are granted only by execution of a written Franchise Agreement.

I authorize the release of any information deemed necessary by the Franchisor to verify any and all of the information contained herein. This authorization for release of information includes but is not limited to matters of opinion relating to my background, mode of living, credit worthiness, character, ability, reputation and past performance. I understand that I have a right upon written request to the Franchisor to providing information regarding the nature and scope of such investigation. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to investigatory parties selected by the Franchisor, any off its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization and release shall apply with this as well as any future information request. I authorize that a photocopy or facsimile of this authorization and release be considered as valid as the original.

DATE PRINT NAME (FIRST MIDDLE INITIAL AND LAST) SIGNATURE IN INK

PLEASE USE ADDITIONAL SHEETS IF NECESSARY