



Personal and Financial Information



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Please type or print answers to all questions. All information will be held in the strictest confidence. The completion of this form places no continuing obligation on A.B.F. Food Services, Inc., or on the applicant. This form, when completed, is an important part of our consideration in granting a license and will be attached to the Application as an exhibit. Please submit, when completed, to: A.B.F. Food Services, Inc., 100 Centerview Drive, Suite 191, Birmingham AL, 35216

I. GENERAL INFORMATION

Date: _____

Mr./Mrs./Ms. _____
Last First Middle

Address/Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Best time to call _____

Date of Birth _____

Education: High School College Other

Marital Status: Single Married

Name of Spouse _____

Spouse Education: High School College Other

II. BUSINESS INFORMATION

Present Occupation or Profession _____

Company _____ Type of Business _____

Address _____

Position Held _____ Employed Since _____

Name of Supervisor _____ Telephone (if we may contact) _____

Previous Occupation or Profession _____

Company _____ Type of Business _____

Address _____

Position Held _____ Employed From/To _____

Name of Supervisor _____ Telephone _____

Have you ever owned a franchised food operation? Yes No
If yes, please give name and location, and if no longer in operation, give reason terminated. _____

Are you involved in any contractual agreements that may interfere with your becoming a franchisee? Yes No
If yes, explain _____

Have you, or any business entity in which you have owned an interest, declared bankruptcy or been declared insolvent? Yes No
If yes, give details _____

Are you a party, or have you ever been a party, either as a plaintiff or defendant, to any lawsuits or legal actions? Yes No
If yes, explain _____

Have you ever been convicted of any crimes? Yes No
If yes, give details _____

Will you devote full time to this business? Yes No
If no, indicate how much time will be devoted _____

Do you plan to operate the business yourself? Yes No Or hire outside management? Yes No

Do you plan on allowing shareholders, partners, or associates to join you in this venture? Yes No
If yes, each shareholder, partner, or associate will need to complete one of these forms.

Last Name _____ First _____ Middle _____ Occupation _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

Percent of Ownership _____ Will partner devote full time to this business? Yes No

List additional shareholders, partners, or associates _____

Which of the shareholders, partners, or associates will be involved in operations? (list addresses and phone numbers if not already completed)

Are there any factors that could affect your ability to operate a restaurant? If so, please list _____

In what area or specific location are you interested? (Please be as specific as possible)

First Choice _____

Second Choice _____

Third Choice _____

III. BUSINESS AND PERSONAL REFERENCES

(please complete)

Name _____ Occupation _____ Telephone _____

Address _____

Name _____ Occupation _____ Telephone _____

Address _____

Name _____ Occupation _____ Telephone _____

Address _____

IV. CORPORATE INFORMATION

(Please complete only if applying for franchise under corporate name)

Name of Corporation _____

Address _____

Telephone _____

President _____ Vice President _____ Sec./Tres. _____

List all shareholders with ownership of 5% or more _____

Type of banking accounts maintained _____

Name of Bank(s) _____ Person to contact _____

Please attach financial statements for the past fiscal year as well as for the present year.

PERSONAL FINANCIAL INFORMATION

(If separate financial statement is submitted, please sign and date same)

ASSETS SOLELY OWNED	
(List only those assets to which you have sole legal title)	
Cash on Hand	\$
Cash in Banks - See Schedule A	
U.S. Government & Marketable Securities- See Schedule B	
Non-Marketable Securities - Schedule B	
Real Estate - See Schedule C	
Notes and Accounts Receivable	
Automobiles	
Other Personal Property	
Cash Value Life Insurance - Schedule D	
Other Assets:	
TOTAL ASSETS (Sole)	\$

LIABILITIES AND NET WORTH	
(List all liabilities, joint or otherwise)	
Notes Payable to Banks - Schedule E	\$
Notes Payable to Others - Schedule E	
Real Estate Mortgages Payable - See Schedule C	
Accounts Payable	
Unpaid Income Taxes: __ Fed __ State	
Loans on Life Insurance Policies	
Other Liabilities:	
TOTAL LIABILITIES	\$
(All assets, sole and joint, minus total liabilities) NET WORTH	\$
TOTAL LIABILITIES & NET WORTH	\$

ASSETS JOINTLY OWNED	
(List all assets in which legal title is joint)	
Cash on Hand	\$
Cash in Banks - See Schedule A	
U.S. Government & Marketable Securities- See Schedule B	
Non-Marketable Securities - Schedule B	
Real Estate - See Schedule C	
Notes and Accounts Receivable	
Automobiles	
Other Personal Property	
Cash Value Life Insurance - Schedule D	
Other Assets:	
TOTAL ASSETS (Joint)	\$

SOURCES OF INCOME	
For the year ended _____	
Salary	\$
Bonuses and Commissions	
Dividends	
Rental Income (net of expenses & debt service)	
Other Income:	
Alimony, child support or separate maintenance in- come need not be revealed if you do not wish to have it considered.	
TOTAL INCOME	\$

MONTHLY EXPENDITURES	
Mortgage/Rent	\$
Insurance	\$
Car Payments	\$
Installment Notes	\$
Alimony	\$

CONTINGENT LIABILITIES	
As endorser, co-maker or guarantor	\$
On leases or contracts	\$
Legal claims	\$
Contested income tax liens	\$
Other special debts:	\$

GENERAL INFORMATION	
Are any assets pledged? See Schedules	
Are you a partner in any firm?	
Are you defendant in any suits or legal action?	
Have you ever taken bankruptcy?	

SUPPLEMENTARY SCHEDULES

If the space provided below is not sufficient, additional schedules may be attached.

Schedule A - CASH IN BANKS

Name of Bank	Type of Account	Type of Ownership	On Deposit
			\$
			\$
			\$
			\$

Schedule B - SECURITIES OWNED

Face Value - Bonds Shares - Stock	Description	Type of Ownership	Cost	Market Value	Amount Pledged to Secure Loans
			\$	\$	\$

Schedule C - REAL ESTATE OWNED

Description of Property and Improvements	Date Acquired	Cost	Market Value	Mortgage Payable			
				Balance Due	Payment	Maturity	To Whom Payable
		\$	\$	\$	\$		

Schedule D - LIFE INSURANCE

Company	Face Value of Policy	Cash Surrender Value	Loans Against Policy	Other Loans- Policy as Collateral	Beneficiary
	\$	\$	\$	\$	

Schedule E - NOTES PAYABLE

Name of Bank/Others	Type of Loan	Maturity Date	Amount of Loan	Monthly Payment	Collateral (If Any)
			\$	\$	

CREDIT REFERENCES

(List three references in full detail)

Company/City

Person to Contact/Phone No.

Acct. No./Amount Owed

I hereby authorize you to make investigations of my credit, character, and ability, and to contact anybody, whether or not listed above, including former employers, in order to obtain personal information about me. I release all such persons from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information. I also certify that the information on this statement is true and complete.

Signature _____ Date _____

