



# FRANCHISE APPLICATION For Culver Franchising System, Inc.

1240 Water Street, Prairie du Sac, WI 53578 • Phone: 608-644-2130 • Fax: 608-644-2626

## PERSONAL INFORMATION

First Name	Middle Name	Last Name		
Daytime Telephone Number	Home Telephone Number	Cell Phone Number	E-Mail Address	
Street Address	City	State	Zip Code	County
Social Security No.	Date of Birth	Place of Birth	Driver's License Number	State of Issuance
<input type="checkbox"/> Single <input type="checkbox"/> Married, Spouse's Name _____ Spouse's DOB: _____		No. of Dependents: _____		
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## EMPLOYMENT HISTORY

*Please provide accurate, complete information about your employment for at least the past seven years. If additional space is needed, please continue on a separate sheet. Begin with present or most recent employment.*

Present or Last Employer	Address	From	To
		Employment (Month and Year)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor and Title	Telephone Number	May We Contact?	
Reason for Leaving	Current/Ending Salary		
Describe any experience in sales, management, or retail _____			

## EDUCATION HISTORY

Last School Attended	Course of Study	Number of Years Completed	Highest Degree Earned

## BUSINESS OWNERSHIP HISTORY

*If you presently own or have owned a business, please complete the following:*

Legal Name of Business	Type of Business	Years in Business
Address	Telephone Number	

## BUSINESS TRADE REFERENCES

Name	Address	Telephone Number	Contact Name	Customer Account Number

## BUSINESS BANK REFERENCES

Name	Address	Telephone Number	Contact Name	Customer Account Number

## APPLICANT'S PROPOSED BUSINESS PLAN

Do you plan to personally operate the restaurant, devoting full time to this business venture?  Yes  No

If no, who will be responsible for the day-to-day operations? \_\_\_\_\_

Please indicate the trade areas where you have interest in Operating a Culver's restaurant:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Are you willing to relocate?  Yes  No If yes, to which area? \_\_\_\_\_

Are you planning to purchase or lease the real estate?  Purchase  Lease

How much cash are you prepared to invest in the franchise? \$ \_\_\_\_\_

Source of Cash Assets: \_\_\_\_\_

Will any part of the investment be borrowed?  Yes  No If yes, how much will you borrow? \_\_\_\_\_

List proposed partners/investors:

1.) Partner/Investor Name \_\_\_\_\_  
 Percentage of Proposed Ownership \_\_\_\_\_% Proposed Dollar Amount of Investment \$ \_\_\_\_\_

2.) Partner/Investor Name \_\_\_\_\_  
 Percentage of Proposed Ownership \_\_\_\_\_% Proposed Dollar Amount of Investment \$ \_\_\_\_\_

3.) Partner/Investor Name \_\_\_\_\_  
 Percentage of Proposed Ownership \_\_\_\_\_% Proposed Dollar Amount of Investment \$ \_\_\_\_\_

4.) Partner/Investor Name \_\_\_\_\_  
 Percentage of Proposed Ownership \_\_\_\_\_% Proposed Dollar Amount of Investment \$ \_\_\_\_\_

Does any Partner/Investor own interest in a restaurant business?  Yes  No

## APPLICANT'S—FINANCIAL STATEMENT

The following statement of financial condition is accurate as of \_\_\_\_\_, \_\_\_\_\_ (Date) and submitted for the purpose of acquiring a Culver's® franchise. ROUND AMOUNTS TO THE NEAREST HUNDRED, WRITE "0" WHERE NECESSARY TO COMPLETE INFORMATION.

PRESENT ANNUAL INCOME: Applicant Income \$ \_\_\_\_\_ Spouse Income \$ \_\_\_\_\_

ASSETS*	AMOUNT
CASH AND CASH ACCOUNTS (Schedule A)	
GOV'T AND LISTED SECURITIES (Schedule B)	
BUSINESS EQUITY*	
UNLISTED SECURITIES (Schedule B)	
ACCOUNTS AND NOTES RECEIVABLE*	
CASH VALUE (NOT "FACE VALUE") OF LIFE INSURANCE (Schedule C)	
REAL ESTATE OWNED (Schedule D)	
VESTED INTEREST IN DEFERRED COMPENSATION PLANS AND/OR RETIREMENT PLANS (Schedule E)	
AUTOMOBILE(S)	
OTHER PERSONAL PROPERTY	
OTHER ASSETS*	
<b>TOTAL ASSETS \$</b>	

LIABILITIES	AMOUNT
NOTES PAYABLE—BANKS SECURED (Schedule F)	
NOTES PAYABLE—BANK UNSECURED (Schedule F)	
NOTES PAYABLE OTHERS (Schedule F)	
LIFE INSURANCE LOANS*	
ACCOUNTS PAYABLE*	
REAL ESTATE MORTGAGES PAYABLE (Schedule D)	
REAL ESTATE TAX	
UNPAID INCOME TAXES	
CREDIT CARDS	
OTHER DEBTS*	
<b>TOTAL LIABILITIES \$</b>	
<b>NET WORTH \$</b> (Total assets minus liabilities)	

\* If any asset is owned other than by the undersigned, individually, such as in a trust, joint tenancy or nominee name, indicated this in the appropriate schedule or attach a detailed explanation.  
 \* Attach a current balance sheet and profit and loss statement of the business.  
 \* Attach detailed explanation.

**SCHEDULE A** CASH, CHECKING/SAVINGS ACCOUNTS, MONEY MARKET, MUTUAL FUNDS AND CERTIFICATES OF DEPOSIT (ATTACH CURRENT STATEMENT)

ACCOUNT	NAME OF FINANCIAL INSTITUTION	ACCOUNT BALANCE	IN NAME OF	PLEGGED	
				YES	NO

**SCHEDULE B** SECURITIES OWNED (ATTACH CURRENT STATEMENT)

NO. OF SHARES OR FACE VALUE OF BONDS	DESCRIPTION	IN NAME OF	CURRENT MARKET VALUE	PLEGGED	
				YES	NO

**SCHEDULE C** LIFE INSURANCE OWNED, INCLUDING GROUP INSURANCE

NAME OF COMPANY	INSURED	FACE VALUE	CASH VALUE	LOANS	BENEFICIARY

**SCHEDULE D** REAL ESTATE OWNED

PROPERTY DESCRIPTION	NAME OF CREDITOR	YEAR ACQUIRED	PURCHASE PRICE	MORTGAGE BALANCE	DATE OF MATURITY	REPAYMENT TERMS	CURRENT MKT. VALUE
						per	
						per	
						per	

**SCHEDULE E** VESTED INTEREST IN DEFERRED COMPENSATION PLANS AND/OR RETIREMENT PLANS

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT BALANCE	AMOUNT TOTALLY VESTED	LOANS

**SCHEDULE F** NAMES OF BANKS, FINANCE COMPANIES OR OTHER SOURCES WHERE LOANS ARE OUTSTANDING

LENDER/CREDITOR	COLLATERAL	DATE OF MATURITY	REPAYMENT TERMS	SECURED		BALANCE DUE
				YES	NO	
			per			
			per			
			per			
			per			
			per			
			per			

Attach a separate page with additional information if you do not have space to provide all information requested.

Do you have any arrests or convictions, except traffic violations?  Yes  No

Have you ever filed for bankruptcy?  Yes  No

Have you ever sued or been sued?  Yes  No

*If the answer to any of the above questions is yes, please attach a detailed explanation of when, where, the nature, and the outcome of the situation.*

Have you ever been associated directly or indirectly with terrorist activities?  Yes  No

Have you ever been bonded or applied for a bond?  Yes  No If yes, by whom? \_\_\_\_\_

Has your bond been withdrawn or your application rejected?  Yes  No If yes, give particulars: \_\_\_\_\_

Are you current in your (and your business) tax obligations?  Yes  No If no, please explain: \_\_\_\_\_

Were you (or your business) ever subject to a tax lien?  Yes  No If yes, please explain: \_\_\_\_\_

I will immediately notify you in writing if there is a material change in my financial condition. You may verify the information contained in this statement with any third party. You may also release any information to others regarding my financial condition, and any other information referenced in this application.

I represent and declare under penalty of perjury that the foregoing is a true and correct statement of my financial condition. Any existing or threatening litigation, claim or circumstance which might reasonably be expected to affect my condition in the future is fully described below or in an attached statement.

#### AUTHORIZATION AND CONSENT TO RELEASE FOR INVESTIGATIVE REPORT

The acceptance of this Franchise Application by Culver Franchising System, Inc. ("CFSI") should not be considered a grant of a franchise. We grant franchises only by executing a written franchise agreement. Consistent with the USA PATRIOT Act and other related anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities, as further described at the Internet web site [www.us.treas.gov/office/enforcement/ofac](http://www.us.treas.gov/office/enforcement/ofac). I agree to comply with or to assist CFSI to the fullest extent possible in CFSI's efforts to comply with the above law.

As part of the application and approval process, I understand that certain background investigations may be conducted. I authorize CFSI or its agents to obtain a Consumer Report on me. This report may include information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civic history/records and any other public record. This report may be compiled with information obtained from credit bureaus, court record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other sources.

Law enforcement and other government agencies are authorized to release to CFSI or its agents, any existing personal information regarding myself relative to the conviction or arrest for any criminal act. In addition, I authorize all appropriate individuals, companies, institutions or agencies to release information CFSI deems necessary to complete the investigative consumer report.

I hereby authorize CFSI to disclose any or all information obtained by such background investigations to any other persons or entities that may be in any way involved in or have an interest in the franchise(s) to which this Franchise Application may apply.

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Full Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_

Please list cities, counties, states, and countries of residence for the last seven (7) years, excluding current address:

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_  \_\_\_\_\_ Date: \_\_\_\_\_