



FRANCHISE APPLICATION For Culver Franchising System, Inc.

540 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	
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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	
Name		Address		Telephone Number		Contact Name		Customer Account Number	

BUSINESS BANK REFERENCES

Name		Address		Telephone Number		Contact Name		Customer Account Number	
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 "NO" OR "NONE" 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*	
TOTAL ASSETS \$	

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*	
TOTAL LIABILITIES \$	
NET WORTH \$ (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*

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

SCHEDULE B *SECURITIES OWNED*

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. 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 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: _____

City: _____ County _____ State: _____ Country: _____

City: _____ County _____ State: _____ Country: _____

City: _____ County _____ State: _____ Country: _____

Signature: _____ Date: _____