

BECOMING A MEMBER OF THE K-BOB'S FAMILY OF FRANCHISEES

Check List

Send the following to K-BOB'S USA, Inc.

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- Confidential Request for Consideration questionnaire
- Current financial statement - YTD
- Latest 2 years' tax returns
- Authorization for background/credit screening check
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- We may or may not pre-qualify you depending on your initial credentials and financial capability. If pre-qualified, you will receive a Uniform Franchise Offering Circular (UFOC). Upon receipt and review of the document, please sign and return the UFOC acknowledgement receipt.
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- An outside credit company will complete a background check and credit report.
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- Your financial data will be reviewed. If it meets our base criteria, we will contact you for a face to face meeting in the market you wish to franchise.
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- You will then be scheduled to attend a two day interview at our company headquarters where we will show you our concept in detail and you will have the opportunity to meet our corporate staff and ask questions.
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- If approved, you will receive a letter approving you as a K-BOB'S franchisee.
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- A Franchise Agreement will be sent to you. You are requested to consult with an attorney before signing any agreement. You will sign the Franchise Agreement and submit your initial franchise fee of \$25,000 which is non-refundable. If the franchisee is in a corporate name, we will require a personal guarantee.
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- Franchisee must attend up to an eight week training session at a designated K-BOB'S restaurant. Construction or conversion will take place before or during the training timeframe.
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- Prepare for restaurant opening with K-BOB'S training team.
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- Open the restaurant!
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An ongoing royalty fee of 3% of gross sales is charged to remain a K-BOB'S.

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An ongoing fee of 1% of gross sales is paid monthly by you into
the K-BOB'S Advertising and Marketing Fund.



Financial Information

Please enclose copies of your last two tax returns and a copy of your current financial statement, in addition to answering the questions below.

NAME/LOCATION OF BANK	ACCOUNT #	CASH	LOAN PAYMENT/MATURITY	% SECURED
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-----	-----	-----	-----	-----

NAME/ADDRESS OF DEBTOR(S)	AMOUNT OWED	MATURITY	DESCRIPTION OF SECURITY HELD
	PAYMENT FREQUENCY		
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-----	-----	-----	-----

NAME OF SECURITY	EXCHANGE	QUOTE	NUMBER OF SECURITIES	PRESENT MARKET VALUE
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-----	-----	-----	-----	-----

DESCRIPTION/LOCATION OF REAL ESTATE	MARKET VALUE	DATE OF ACQUISITION	MORTGAGE AMOUNT	TITLE IN THE NAME OF
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The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct. It is also understood and agreed that the submission of this information does not bind K-BOB'S USA, Inc. to issue a franchise or the applicant to obtain a franchise.

Date_____ Signature_____



Financial

Name of Bank _____
Address _____
Phone# _____
Checking Account# _____ Savings Account# _____
of years account held at this location _____

Name of Bank _____
Address _____
Phone# _____
Checking Account# _____ Savings Account# _____
of years account held at this location _____

Business

Name of Business Owner _____
Name of Business _____
Address _____
Phone# _____ Email _____
Relationship to you _____
Type of business _____

Name of Business Owner _____
Name of Business _____
Address _____
Phone# _____ Email _____
Relationship to you _____
Type of business _____

Personal

Name _____
Address _____
Phone# _____ Email _____
Relationship _____
Occupation _____ Years known _____

Name _____
Address _____
Phone# _____ Email _____
Relationship _____
Occupation _____ Years known _____



General Information

How did you learn about us?_____

Have you ever owned a franchise? If yes, give name of franchise organization_____

Are you still related to this organization?_____ If not, give reason for leaving_____

Indicate area/town of interest_____

Will you be an owner/operator of a K-BOB'S franchise?_____

If not, give name of manager_____

Will this managing person have an equity investment? Give details_____

When will you open the business?_____

Have you ever failed in business? If yes, give details_____

List any memberships (civic, professional)_____

Your hobbies/interests?_____

Are you applying as an individual_____ partnership_____ corporation_____

If other individuals are to be involved in ownership of the franchise,
please indicate names and ownership percentage

Name_____ Ownership %_____

Relationship_____

Address_____

Name_____ Ownership %_____

Relationship_____

Address_____

REFERENCES (Whom we may contact)



CONFIDENTIAL
REQUEST FOR CONSIDERATION QUESTIONNAIRE

Personal Information

Please enclose a copy of a recent resume, in addition to answering the questions below

Name _____ Home phone () _____
Address _____ Business phone () _____
City _____ State _____ Zip _____ Email _____
How long at this address _____ Do you own/rent _____ Social security# _____
Previous address _____ How long _____
Age _____ Marital status _____ Spouse's name _____
Children _____
Are you aware of any physical limitations, which would affect your ability to successfully own/
operate a restaurant franchise? _____

Business Experience

Present occupation _____
Company _____
Address _____
Phone _____
Describe duties and responsibilities _____

Have you ever operated or participated in operation of a full-service restaurant _____

If yes, name of operation and location _____

Length of time in food service _____

Education

Circle last year of school completed High School 1 2 3 4
If College graduate, provide name of institution _____
Major _____ Year graduated _____

