

Please complete the information contained herein to be used in the evaluation process for a Beef 'O' Brady's Family Sports Pub.

Should you need space to provide additional supporting documents and comments, please attach the documents and comment page(s) to this form.

Prior to attending the Discovery Day process, we will request from a third party who FSC Franchise Co, chooses to obtain a consumer report and/or investigative consumer report(s).

## Fax/Scan email to:

jcecil@fscfranchiseco.com

Fax(813)902-7061 Attn:Jamie Cecil



(each individual						
Email Address:				@		
Applicant Personal Ir	nformatior	n:				
Name:		Cell Pl	hone	Home Pho	one:	
Name: Address:			City:		ST:	Zip:
Date of Birth: Mo:	Day:	Year:	Employer:			
Work Phone:						
Applicant Spouse Infor						
Name: Address:		Cell Pl	hone	Home Pho	one:	
Address:			City:		ST:	Zip:
Date of Birth: : Mo:						
Employer:			Work Phone	:		
Applicant Education:					_	
High School						
College/University			Degree	(s) Received		Year
Military and Busines	-	•	• • •			
Branch of Service/Co	-	•	• • •			
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## PERSONAL FINANCIAL STATEMENT

IMAKETHEFOLLOWINGSTATEMENTOFALL ASSETSANDLIABILITIESONTHIS S DAYOF S

		1		
ASSETS	\$		LIABILITIES	\$
CASH ON HAND IN BANK			SECURED NOTES PAYALBE TO BANKS	
U.S. GOVERNMENT SECURITIES			UNSECURED NOTES PAYABLE TO BANKS	
ACCOUNTS, LOANS AND NOTES RECEIVABLE			NOTES PAYABLE TO RELATIVES	
CASH SURRENDER VALUEOF LIFE INSURANCE	Ξ		ACCOUNTS AND NOTES PAYABLE TO OTHERS	
STOCKS AND BONDS			RENTS AND INTEREST DUE	
REAL ESTATE - HOME			TAXES DUE	
REAL ESTATE - OTHER			LIENS ON REALESTATE	
AUTOMOBILES AND NUMBER			AUTO LOANS	
OTHER ASSETTS -(itemize)			CHARGE ACCOUNTS (Itemize)	
			AS ENDORSER OR CO-MAKER	
			ON LEASES OR CONTRACTS	
			LEGAL CLAIMS	
			PROVISIONS FOR FEDERAL INCOME TAX	
TOTAL ASSETTS	\$		TOTAL LIABILITIES	\$
TOTALAS	SETSMINU	JSTOTALLIABILITES=	<u>NETWORTH</u>	
MONTHLY INCOME AND	EXPE	NSES		
SOURCE OF MONTHLY INCOME			MONTHLY EXPENSES	
SALARY	\$		RENT OR MORTGATE PAYMENT \$	
BONUS & COMMISSION			FOOD & UTILITIES	
DIVIDENDS AND INTEREST			INCIDENTALS	
REAL ESTATE INCOME			AUTO LOAN(S)	
OTHER			MEDICAL	
			CHARGE ACCOUNTS (Itemize)	
TOTAL INCOME			TOTAL EXPENSES	
HOW MUCH CAPITAL CAN YOU ALL	ΟСАТЕ Τ	O BUY A BEEF O	BRADY'S? \$	
WHAT IS THE CASH DOWN-PAYMEN	NT YOU C	CAN MAKE?	\$	
IF THE REQUIRED CAPITAL AMOUNT IS NOT AVAI	ILABLE, HOV	N WILL THE INVESTME	NT BE OBTAINED?	
DO YOU PLAN TO CONVERT ANY OF	THE AB	OVE INTO CASH?	YES NO	
DO YOU PLAN TO HAVE PARTNER(S	)? YES _	NO IF SO	WILL PARTNERS BE ACTIVE? YES NO	D
PARTNER(S) NAME				
EXPLAIN YOUR ANSWERS AND ANY	OTHER	STRATEGIES YOU	HAVE FOR OBTAINING THE REQUIRED	FUNDS:
WHAT IS THE MINIMUM INCOME YOU WILL	NEED TO	MAINTAIN YOUR FA	MILY DURING THE FIRST YEAR OF BUSINESS?	
FROM WHAT SOURCES WILL IT COME?				

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## Tell Us About You!

Have you ever owned your own business? If so, tell us about your experience:

What are your personal goals in owning and operating a Beefs?

How did you find out about the Beefs opportunity? Which Beefs have you visited?

Special Interests (hobbies, sports, favorite teams, etc.):

Why will you be a successful Beefs owner/operator?

List your areas of interest (city and state) for development? What is your timeframe for opening?

Additional notes and comments from any previous sections of the application:

**Applicants Signature:** 

Date:

I certify that the enclosed information as given is correct and complete. This application does not guarantee or constitute the granting of a franchise from FSC Franchise Co., LLC, it is however understood that the applicant supplies the information contained herein to the best of their knowledge and ability, and the company relies on this information in assessing the desirability and qualification of each applicant.



## Authorization and Release to Obtain A Consumer and/or Investigative Consumer Report

I/we, the undersigned consumer(s) do hereby authorize FSC Franchise Co., LLC and its affiliated companies, by and through its independent contractor(s). CIC, INC ("CIC"), or third party who FSC Franchise Co, chooses to obtain a consumer report and/or investigative consumer report on me/us.

These above-mentioned reports may include, but are not limited to: employment and education verifications; personal references; personal interviews, my/our personal credit history based upon our reports form any credit bureau; driving history; including traffic citations; a social security number verification; present an d former addresses; criminal and civil history/records; any other public records; and any other information bearing on my/our credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I/we understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me/us upon my/our written request to CIC that is made within reasonable time after the date hereof.

I/we further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to FSC Franchise Co., LLC and its affiliated companies, by and through its affiliated companies, CIC, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and all credit bureaus, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources.

I/we release FSC Franchise Co., LLC., and its affiliated companies, CIC, and any and all persons, business entities and government agencies, where public or private, from any and all liability, claims and/or demands, of whatever kind, to me/us, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

A photocopy/faxed copy of this release will be as valid as an original, even though the said photocopy/faxed copy does not contain an original writing of my signature.

The following is my/our true an complete legal name and all information is true and correct to the best of my knowledge.

Date:	
First Name:	
Middle Initial:	
Last Name:	
Maiden Name:	
Other Name(s):	
Street Address:	
City/State/Zip:	
County:	
Race/Sex:	
Social Security Number:	
Date of Birth:	
Drivers Lic#/ST:	
Have you been in a principal "Bankrupt Adjudication?	
Have you been convicted of a felony? Provide details:	
Have you any lawsuits pending? Provide details:	
List counties/States you have lived in the past 5 years.	