



The following information is the basis for my franchise application. The submissions of this application does not obligate either Papa Gino's Franchising Corporation or Applicant in any way or manor.

Please print or type all information requested. Additional pages, if needed, should be attached. If there are additional co-owners/partners, shareholders, officers or directors involved, please copy this form and fill out a separate application for each.

Applicant Name

Last	First	Middle	Nickname
Street Address	City	State	Zip Code
Driver's License No.	State	Social Security No.	
Home Phone	Business Phone	Cell Phone	Email
Date of Birth	Marital Status	Occupation	
May we call you at your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No Best time to call: _____		
Have you visited a Papa Gino's location?	<input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____		
How did you hear about us?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Advertising <input type="checkbox"/> Internet <input type="checkbox"/> Existing Franchise (name) _____		
<input type="checkbox"/> Trade show (name) _____	<input type="checkbox"/> Industry publication (name) _____		<input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Papa Gino's Team Member (name) _____			

Personal Information

Spouse's Name	Spouse's Date of Birth	Spouse's Occupation
Spouse's Social Security number	Number of Dependents	Age of Dependents
Do you <input type="checkbox"/> own or <input type="checkbox"/> rent your home How long? _____		
If less than 2 years at current residence, please list former residence: _____		
Are you a citizen of the U.S.A? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, _____ <i>Please give a place of permanent residence and you immigration status in the U.S.A. Also, please attach evidence of your status in the U.S.A to this application.</i>		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Have you ever files for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Do you or anyone related to you hold any interest in another restaurant concept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Are you and your employer providing products, goods or services to Papa Gino's or any of its franchisees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Are you or anyone in you immediate family currently or previously employed by Papa Gino's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Are you or anyone in you immediate family currently under any form of non-competition agreement that limits your right to operate any business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		
Have you ever applied for a Papa Gino's franchise license before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, _____ <i>Please state details.</i>		

General Information

Will you operate and manage a Papa Gino's franchise on a full-time basis? Yes No

If no, _____
Please state details.

Will any member of your family be directly involved with the day to day operation of this business? Yes No

If yes, _____
List who and what capacity.

Other parties to be involved in this business

Partners or associates who will join you in this venture must also fill out a separate Papa Gino's franchising application.

Name of proposed Operating Partner(s) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

List desired geographical area _____

Percent of ownership? (Cannot be more than 49%) _____

Will they devote their full-time to this business? _____

List additional partners or associates _____

Do you have a specific location in mind? Yes No If yes where? _____

When will you be ready to open your franchise? _____

How much money are you prepared to invest in a Papa Gino's franchise? _____

How many restaurants would you like to develop? _____

Would this be your sole source of income? Yes No

Why are you interested in developing a Papa Gino's franchise? _____

Business Ownership History

Please list the name and activity of any business in which you have owned more than a 5% interest during the previous 10 years or do you have any current business affiliations other than your occupation? (Owner, Partner, Director)

Employment History
Present Employment

Company	Position	Employment from	to
Street address	City	State	Zip Code
Telephone	Annual Salary	Supervisor	

Describe the duties, responsibilities and number of employees under you supervision. _____

May we contact your present employer? Yes No

Pervious Employment

Please list your last three employers

Employer	Years employed	Telephone
Job Description	Supervisor	
Employer	Years employed	Telephone
Job Description	Supervisor	
Employer	Years employed	Telephone
Job Description	Supervisor	

May we contact your previous employers? Yes No

Education

High School

College	Name and Location	Years Completed	
Graduate School	Name and Location	Years Completed	Major and Degree(s)
Other	Name and Location	Years Completed	Major and Degree(s)
	Name and Location	Years Completed	Major and Degree(s)

Military Service

Branch of Service	
Type of Discharge	Active duty from _____ to _____

Community Activities

List membership in any civic, service or professional organizations.

