



Biscuits Café, Inc.

We don't serve fast food ... we serve fresh food
as fast as we can. Ed and Barbara

Please return the completed form to:
Biscuits Café Franchising, Inc.
Biscuits Café, Inc.
17710 S Hidden Lake Dr
Oregon City, OR 97045
Phone: 503-708-7922
Fax: 503-631-2146
Email: eddiepreston@comcast.net

Franchise Application

The filling of this form does not obligate the applicant to purchase or the franchisor to sell a franchise.

Please print clearly and answer every question to expedite our review process.

How did you hear about Biscuits Café? _____

Have you visited a Biscuits Café Restaurant? YES NO Where? _____

Are you most interested in: Single-unit Operation Multi-unit Operation

Location preference (City/State): _____

List partner name(s) and phone(s): _____

Note: Individual forms are required for each partner.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	BIRTHDATE	SSN	
ADDRESS		CITY	STATE	ZIP	CITIZENSHIP
DAYTIME PHONE	EVENING PHONE	FAX	EMAIL	SPOUSE NAME	

EDUCATION

CIRCLE YEARS COMPLETED: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 DEGREE: _____ POST-GRAD: _____
SCHOOL ATTENDED YEARS COURSE OF STUDY
SCHOOL ATTENDED YEARS COURSE OF STUDY

BUSINESS INFORMATION SELF EMPLOYED EMPLOYED

PRESENT EMPLOYER	TYPE OF BUSINESS	PHONE	POSITION	SALARY	# OF YEARS
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DO YOU CURRENTLY OWN A BUSINESS?	YES / NO	IF YES, PLEASE DESCRIBE:			
HAVE YOU PREVIOUSLY OWNED A BUSINESS?	YES / NO	IF YES, PLEASE DESCRIBE:			
ARE YOU CURRENTLY BOUND BY A NON-COMPETE AGREEMENT OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUSINESS EXPERIENCE: Indicate the number of years experience for each of the following areas (complete all that apply).					
_____ MANAGING PEOPLE	_____ P&L RESPONSIBILITY	_____ MARKETING	_____ RESTAURANT MANAGEMENT	_____ OWNED A FRANCHISE	
_____ RETAIL	_____ ACCOUNTING	_____ CUSTOMER SERVICE	_____ SALES	_____ OWNED OTHER BUSINESS	
REFERENCES:					
NAME	PERSONAL / BUSINESS(?)	CITY / STATE	PHONE		
NAME	PERSONAL / BUSINESS(?)	CITY / STATE	PHONE		

FINANCIAL INFORMATION: Personal financial statement as of _____, 200_____

INCOME FROM PRESENT OCCUPATION: \$ _____		OTHER INCOME: \$ _____ (ANNUAL)	
OWN RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PERSONAL FINANCIAL STATEMENT			
ASSETS		LIABILITIES	
\$ _____	CASH AVAILABLE	\$ _____	CHARGE CARDS
\$ _____	MARKETABLE SECURITIES	\$ _____	PERSONAL LOANS
\$ _____	RESIDENCE VALUE	\$ _____	HOME MORTGAGE BALANCE
\$ _____	OTHER REAL ESTATE	\$ _____	OTHER REAL ESTATE BALANCE
\$ _____	BUSINESS VALUE	\$ _____	BUSINESS LOANS BALANCE
\$ _____	AUTOS, FURNITURE, JEWELRY ETC	\$ _____	OTHER MISC BALANCES
\$ _____	MISCELLANEOUS		
\$ _____	RETIREMENT PLANS		
\$ _____	TOTAL ASSETS	\$ _____	TOTAL LIABILITIES
	\$ _____		\$ _____
	NET WORTH (ASSETS – LIABILITIES)		
DO YOU HAVE A FINANCING SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO SOURCE: _____ AMOUNT: _____			
HAVE YOU EVER BEEN INVOLVED IN ANY LITIGATION DURING THE PAST FIVE YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____			
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY OR "NOLO CONTENDERE" TO ANY FELONY OFFENSE, OR ANY MISDEMEANOR INVOLVING FRAUD, THEFT OR MORAL TURPITUDE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN IN DETAIL: _____			

FINANCIAL INSTITUTION(S)

NAME	PERSONAL / BUSINESS(?)	CITY / STATE	PHONE
NAME	PERSONAL / BUSINESS(?)	CITY / STATE	PHONE
NAME	PERSONAL / BUSINESS(?)	CITY / STATE	PHONE

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION TO REQUEST INFORMATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT THE INFORMATION I PROVIDE WILL BE RELIED UPON BY THE FRANCHISOR [BISCUITS CAFÉ, INC. ("Franchisor")]. I understand that the granting of a franchise is the sole discretion of the Franchisor and that acceptance of this form is not a granting of a franchise. Franchises are granted only by execution of a written Franchise Agreement.

I authorize the release of any information deemed necessary by the Franchisor to verify any and all of the information contained herein. This authorization for release of information includes, but is not limited to, matters of opinion relating to my background, mode of living, credit worthiness, character, ability, reputation and past performance. I understand that I have a right, upon written request to the Franchisor, to providing information regarding the nature and scope of such investigation. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to investigatory parties selected by the Franchisor, any of its officers, agents, employees and servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization and release shall apply to this as well as any future information request. I authorize that a photocopy or facsimile of this authorization and release be considered as valid as the original.

DATE PRINT NAME (FIRST, MIDDLE INITIAL AND LAST) SIGNATURE IN INK

PLEASE USE ADDITIONAL SHEETS IF NECESSARY