



Franchise Application Form

A separate Application is required for each partner. Thank you for your time and interest. Please use this application to communicate why you would be a positive addition to the Cabo Fish Taco family.

Any information detailed on this form will be treated in a strictly confidential manner. CFT Franchising Inc. utilizes the information provided on this form for the sole purpose of evaluating prospective franchisees, and will not sell or provide this information to any other party without written consent of the applicant. If the applicant is not successful in purchasing a Cabo Fish Taco franchise, and does not wish this application to be kept on file, please advise CFT Franchising Inc. at the time this application is submitted. Please note that although every possible precaution is taken to protect the confidentiality of the application form, CFT Franchising Inc. and its affiliates and their employees cannot be held responsible in the event that the information contained in this application is obtained by a third party.

Personal Information (please print or type)

Date

Name _____ Business Phone () _____

Address _____ Home Phone () _____

City _____ State _____ Cell Phone () _____

Email Address _____ Fax () _____

Own/Rent – How long at the above address _____ Previous Address _____

Place of Permanent Residency: _____

Date & Place of Birth _____ Citizenship _____

Social Security Number _____ Marital Status _____

Spouse or Partner's Name _____ Spouse's Occupation _____

Number of Children & Ages _____

Other Dependents _____

Business Experience

Present Occupation:

Position and Salary _____

Company _____ Supervisor _____

Address & Phone # _____

Describe duties, number of employees supervised and responsibilities _____

Previous Experience:

1. Company _____ From _____ To _____

Phone # () _____ Supervisor _____

Describe duties, # of employees supervised, and responsibilities: _____

2. Company _____ From _____ To _____

Phone # () _____ Supervisor _____

Describe duties, # of employees supervised, and responsibilities: _____

3. Company _____ From _____ To _____

Phone # () _____ Supervisor _____

Describe duties, # of employees supervised, and responsibilities: _____

Other relevant Restaurant or Business Experience:

Business Interest

How did you become interested in a Cabo Fish Taco franchise and why?

Have you ever owned or had an interest in any operation within the food service industry? YES/NO

If yes, please provide details: _____

Have you ever been self-employed? YES/ NO If yes, please explain: _____

Have you ever been involved in any litigation or arbitration with respect to your previous business history? YES/NO If yes, please explain: _____

What percent of the business will you own? _____% Will you work in the business full time? YES/ NO

Who will be responsible for the day-to-day operations? _____

How many hours per week would you devote to the store? _____

Will you have business partners or additional investors? YES/ NO If yes, please provide name of each partner: _____

If married, will your spouse be involved in the business? YES/ NO If yes, how much involvement? _____

Location Preferences:

Please specify which geographic areas you are interested in by order of preferences (Please include City and State.)

1. _____
2. _____
3. _____

When will you be available to open a Cabo Fish Taco Franchise? _____

Are you willing to re-locate? _____

Education

Did you complete high school? YES/ NO

College or University: _____ City: _____ State _____

Any Post Graduate Studies: _____

Degrees Obtained: _____

Additional Education: _____

Describe any training in sales, management, or industry related fields:

Personal Financial Information

Personal Financial Information as of (date) _____

Personal Annual Income (\$)

Salary _____

Bonus & Commissions _____

Dividends _____

Real Estate Income _____

Other Income _____

Total Income _____

Financials

All information provided is strictly confidential and will be treated as such.

Assets (\$)

Liabilities (\$)

Cash		Notes Payable	
Stocks/Bonds/Securities		Bank Loans	
Notes & Loans Rec		Mortgages	
Real Estate		Accounts or Bills due	
Automobiles		Credit Card Balances	
Business Assets		Unpaid Income Tax	
Other Assets		Other Liabilities	
Total Assets		Total Liabilities	

NET WORTH (ASSETS – LIABILITIES) (\$) _____

Banking Information

Bank Name	Location	Account #/Type	How long?
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Bank Name	Location	Account #/Type	How long?
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How will you finance the restaurant? Cash \$ _____ Loan \$ _____

What is the source of this Capital? _____

How much liquid cash do you have available for investment? _____

Have you ever declared Bankruptcy? YES/ NO (If yes, explain:) _____

Additional Information

1. Where did you first hear about Cabo Fish Taco? _____

2. What do you like about our Concept? _____

3. Have you visited one of our locations? YES/ NO (If Yes, what location?) _____

4. How would you describe Cabo Fish Taco? _____

5. What does "Franchising" mean to you? _____

6. In your opinion, how would you describe the roles of the Franchisor & Franchisee?

7. What are your goals and objectives for the next 5 years? _____

8. Do you think the success or failure of the business is primarily your responsibility? Please Comment: _____

9. Have you discussed this opportunity with any of our existing locations, franchisees or employees? YES/ NO If yes, which location(s) _____

10. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or are currently involved in a criminal proceeding? _____

11. Additional information or Comments:

If additional space is required, please do not hesitate to attach extra sheets of paper.

References

Business

1. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____

2. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____

Personal

1. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____

2. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____

Bank and Credit

1. Company: _____ Name of Contact _____
Address: _____ Telephone: _____

2. Company: _____ Name of Contact _____
Address: _____ Telephone: _____

3. Company: _____ Name of Contact _____
Address: _____ Telephone: _____

THE UNDERSIGNED APPLICANT ("APPLICANT") CERTIFIES THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND ACCURATE, AND UNDERSTANDS THAT THE INFORMATION PROVIDED WILL BE RELIED UPON BY CFT FRANCHISING, INC. ("CFT"). Applicant agrees to promptly notify CFT of any material changes to the information provided. Applicant understands that the granting of a franchise is at the sole discretion of CFT and that acceptance of this application is not a granting of a franchise. Franchises are granted only by execution of a written Franchise Agreement.

Applicant understands that any information received from CFT, or from any employee, agent, or franchisee of CFT, is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to CFT, and is being made available to Applicant solely because of this application. Applicant agrees to treat and maintain all Confidential Information as confidential, and shall not, at any time, without the express written consent of CFT, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or entity, or use any Confidential Information, directly, for Applicant's own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of CFT.

Applicant authorizes the release of any information deemed necessary by CFT to verify any and all of the information contained in this application. This authorization for release of information includes but is not limited to matters of opinion relating to Applicant's background, mode of living, credit worthiness, character, ability, reputation and past performance. Applicant authorizes all persons, schools, companies, corporation, credit bureaus, and law enforcement agencies to release such information without restriction or

qualification to investigatory parties selected by CFT, any of its officers, agents, employees and servants. Applicant voluntarily waives all recourse and releases them from liability for complying with this authorization. This authorization and release shall apply to this as well as any future information request. Applicant authorizes that a photocopy or facsimile of this authorization and release be considered as valid as the original.

Applicant's Name _____

Applicant's Signature _____ **Date** _____