

Application

PARADISE BAKERY & CAFÉ, INC.

8561 E. Anderson Drive, Suite #105, Scottsdale, AZ 85255 * Telephone (480) 889-3890 * Fax (480) 889-3897

The information on this application will be treated discreetly. Neither the applicant nor Paradise Bakery and Café, Inc. is obligated in any way by submission of this application. If necessary, attach additional sheets. Please keep a copy for your files.

(Please print or type) Date: _____

Name: _____ Social Sec #: _____
Last First Middle Yours

Spouse: _____ Social Sec #: _____
Last First Middle Spouse

Address: _____ Residence Phone: () _____
City State Zip Work Phone: () _____

Area Preferences: Please be as specific as possible:
 1. _____ 2. _____ 3. _____

PERSONAL INFORMATION

Date of Birth: _____ Marital Status: _____

Home: Own: _____ Rent: _____ How Long? _____

Last Former Residence: _____ How Long? _____

BUSINESS EXPERIENCE

Current Employment: _____
Position Company Address Phone

How Long? Years: _____ Months: _____ Current Annual Salary: _____

Supervisor: Title: _____ May we contact? _____

Previous Employment: _____
Position Company Address Phone

How Long? Years: _____ Months: _____ Previous Annual Salary: _____

Supervisor: Title: _____ May we contact? _____

Current Employment (Spouse): _____
Position Company Address Phone

How Long? Years: _____ Months: _____ Current Annual Salary: _____

Supervisor: Title: _____ May we contact? _____

Previous Employment (Spouse): _____
Position Company Address Phone

How Long? Years: _____ Months: _____ Previous Annual Salary: _____

Supervisor: Title: _____ May we contact? _____

Annual Total Income (All Sources): \$ _____ (Please attach copies of tax returns for the last two years)

EDUCATION

Circle last year of school completed: High School 1 – 2 – 3 – 4 College 1 – 2 – 3 – 4 Graduate Studies 1 – 2 – 3 – 4

If college graduate, provide name of school: _____ Year graduated _____ Major _____

Describe any training in sales, management, retailing or postgraduate study: _____

Hobbies and outside interests _____

Memberships (civic, business, professional) _____

(complete reverse side)

BUSINESS INFORMATION

1. Who recommended or how did you hear about us? _____
2. Have you ever owned a franchise? _____ If yes, give name of franchise organization: _____
3. Are you still involved with this franchise? _____ If not, please give details: _____
4. Describe your multi-unit restaurant experience (use additional sheets if necessary): _____

5. Will you devote full time to this business? _____ If not, who will manage this business? _____
6. Will this managing person have an equity investment? _____
7. When will you be able to open your business? _____
8. Do you regard this franchise as a Career or Investment (circle one)? _____
9. Capital available to invest (describe) _____
10. Are you applying as an Individual, Partnership or Corporation (circle one)? _____
11. Do you have a business plan (if yes, please attach a copy)? _____
12. Describe your leadership and management style: _____

13. Do you have specific background and/or experience that you would like us to consider during our evaluation? _____
 Explain _____
14. Have you ever filed for bankruptcy? _____ If yes, please give date and details: _____

REFERENCES AND FINANCIAL INFORMATION

Bank Reference:

1. _____

Name	Address	Acct #	Contact	Phone
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2. _____

Name	Address	Acct #	Contact	Phone
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Business Reference:

1. _____

Name	Address	Occupation	Phone	Years Known
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2. _____

Name	Address	Occupation	Phone	Years Known
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Personal Reference:

1. _____

Name	Address	Occupation	Phone	Years Known
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2. _____

Name	Address	Occupation	Phone	Years Known
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Assets:	Current date _____
Cash on Hand (unrestricted in banks)	
Savings, Funds and certificates, etc.	
Accounts and Loans receivable	
Home - Fair Market Value (Location _____)	
Other real estate	
Life insurance (cash surrender value)	
Other stocks and bonds	
Equity in business ventures - liquid (Note 1)	
Other assets (itemize) (Note 1)	
TOTAL ASSETS:	\$

Note 1. If you own a majority interest in a business, please attach copies of financial statements for current and prior years.

Liabilities and Net Worth	Current date _____
Notes payable to Bank	
Notes payable to others	
Loans against life insurance	
Accounts payable	
Mortgages payable on real estate	
Home	
Other	
Other liabilities (Note 2)	
Total Liabilities	\$
TOTAL NET WORTH (assets minus liabilities)	\$

Note 2. Please list guarantees and/or other contingent liabilities:

Applicant please read and sign:

The undersigned certifies that the information supplied on this personal financial statement and any financial information submitted on other forms is true and correct. Processing of this application will not begin until information is complete and submitted.

Date: _____ Signature: _____