

**PROSPECTIVE FRANCHISEE  
APPLICATION**



**EAT SMART, BE HEALTHY!**

**WaBa Grill Franchise Corporation**  
13181 Crossroads Pkwy N #510  
City of Industry, CA 91746  
(562) 908-9222  
[www.wabagrill.com](http://www.wabagrill.com)

Please fax completed application to the  
fax number: (562) 699-1575

# Prospective Franchisee Application

Thank you for inquiring about the WaBa Grill franchise opportunity. Please complete the entire application. If an item does not apply to you, enter "N/A." Attach additional pages if necessary. False or misleading statements on this form are grounds for terminating the application process and /or grounds for terminating the franchise agreement, should you be granted one. This application form is not an employment contract or franchise agreement.

Submitting this form does not obligate you or WaBa Grill Franchise Corporation in any way. This application form should be completed by an individual whose intention is to become a WaBa Grill franchisee. WaBa Grill will not release personal information you provide us to third parties without your written consent, absent court order or other legal process.

## PERSONAL DATA:

<b>Name:</b> Mr./Mrs./Ms. _____, _____ <small>(circle one) Last First Middle</small>									
<b>Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Postal/Zip Code:</b> _____  <b>Email Address:</b> _____	<b>Telephone:</b> Home: (    ) _____ Work: (    ) _____ Cell: (    ) _____ Fax: (    ) _____								
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No  If not, are you eligible to own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Not a U.S. Citizen what is your immigrant or non-immigrant status? <small>(Please provide documentation)</small> _____									
<b>How did you learn of our organization? Check all that apply.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Through a friend</td> <td style="width: 50%;">_____ Newspaper (which paper?) _____</td> </tr> <tr> <td>_____ Ate at WaBa Grill</td> <td>_____ Radio (which station?) _____</td> </tr> <tr> <td>_____ Freeway Billboards</td> <td>_____ Website (which site?) _____</td> </tr> <tr> <td>_____ Other _____</td> <td></td> </tr> </table>		_____ Through a friend	_____ Newspaper (which paper?) _____	_____ Ate at WaBa Grill	_____ Radio (which station?) _____	_____ Freeway Billboards	_____ Website (which site?) _____	_____ Other _____	
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_____ Ate at WaBa Grill	_____ Radio (which station?) _____								
_____ Freeway Billboards	_____ Website (which site?) _____								
_____ Other _____									

## EDUCATION: A four year degree is preferred.

School	Name & Location	Course of Study	Years Completed	Degree or Diploma
College/University				
High School				
Other				

## SPECIAL SKILLS, ABILITIES, ETC.:

	<b>Languages:</b> What is your native language? _____  What other languages do you speak/write? _____
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**EMPLOYMENT AND BUSINESS HISTORY:**

Company Name & Address: _____ _____ Telephone Number: (    ) _____ Supervisor's Name: _____	Description of Duties:  	Dates Employed: From: _____ To: _____ Reason for leaving:
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Company Name & Address: _____ _____ Telephone Number: (    ) _____ Supervisor's Name: _____	Description of Duties:  	Dates Employed: From: _____ To: _____ Reason for leaving:
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Do you now or have you ever been licensed to operate a franchise?     Yes  No  
 If yes, describe: \_\_\_\_\_

Are any lawsuits pending against you?     Yes  No  
 If yes, describe: \_\_\_\_\_

Have you ever been convicted of a crime (except traffic misdemeanors)?     Yes  No  
 If yes, describe: \_\_\_\_\_

Have you ever been arrested?     Yes  No  
 If yes, please explain: \_\_\_\_\_

**BUSINESS PLAN:**

City or Town in which you are interested: \_\_\_\_\_

If that area is not available, are there other areas of interest?    Please list: \_\_\_\_\_

When will you be able to start this business?    \_\_\_/ \_\_\_/ \_\_\_

How many hours per week will you devote to this business?    \_\_\_\_\_

**PERSONAL REFERENCES:**

Name	Address	Telephone Number	Relationship

FINANCIAL STATEMENT: As of \_\_\_\_\_, 20\_\_\_\_\_.

This is a statement of: (Please check one:)  My individual financial information  The financial information of my spouse and me  
**We require \$700k - \$1 Million in liquid assets. We will require you to complete a more detailed financial check in which you must provide proof of the information provided (bank statements, paystub, stocks, tax returns).**

Assets	Amount
Cash in banks	\$ _____
Real estate	\$ _____
Stocks and Bonds	\$ _____
Accounts receivable	\$ _____
Cash surrender value of your life insurance	\$ _____
Auto 1 (year and make)	\$ _____
Auto 2 (year and make)	\$ _____
Other assets (describe)	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

Liabilities	Amount
Notes payable to bank	\$ _____
Real estate amount owed	\$ _____
Loans on life insurance policies	\$ _____
Other liabilities (describe)	\$ _____
	\$ _____
	\$ _____
	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

NET WORTH (Total Assets minus Total Liabilities) ..... \$ \_\_\_\_\_

Annual Income	Amount
Salary or wages (own)	\$ _____ (net)
Salary or wages (spouse)	\$ _____ (net)
Dividends and interest	\$ _____
Rental income (gross)	\$ _____
Business income (net)	\$ _____
Other income (describe)	\$ _____
	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

Annual Expenditures	Amount
Property taxes and assessments	\$ _____
Federal and state income taxes	\$ _____
Real estate mortgage payments (per year)	\$ _____
Payments on contracts (Other notes)	\$ _____
Estimated living expenses	\$ _____
Other	\$ _____
<b>TOTAL EXPENDITURES</b>	<b>\$ _____</b>

Do you currently have a source of financing?  Yes  No

Savings Account:  Yes  No

How much capital are you able to invest? \_\_\_\_\_

Checking Account:  Yes  No

Will you use personal assets to finance this franchise?  Yes  No

Please explain: \_\_\_\_\_

Have you filed for bankruptcy or compromised a debt during the past seven years?  Yes  No

If yes, please explain. Attach additional sheets, if necessary. \_\_\_\_\_

Are your cash deposits held in joint tenancy?  Yes  No, with whom? \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_



WABA GRILL FRANCHISE CORPORATION AUTHORIZATION AND RELEASE:

As part of the application and approval process I understand that certain background investigations may be conducted. I hereby authorized WABA GRILL FRANCHISE CORP. (the "Company") or its agent or contractor to procure a Consumer Report which could include obtaining and/or verifying information regarding credit worthiness, credit standing, credit capacity, general character, general reputation or personal characteristics. This report may be compiled with information obtained from credit bureaus, court record repositories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source.

I authorized law enforcement and other government agencies to release to the Company, or its agent or contractor, any existing personal information regarding myself relative to the conviction of any criminal act.

I authorize all appropriate individuals, companies, institutions, schools, government authorities to release, or verify any information.

I understand that a photocopy of this authorization would be accepted with the same authority as the original.

**Name:** Mr./Mrs./Ms. \_\_\_\_\_  
(circle one) Last First Middle

**Previous Name:** (maiden, a.k.a.) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Numbers:**  
\_\_\_\_\_ **Business:** ( ) \_\_\_\_\_

**City/State/Zip/Postal Code:** \_\_\_\_\_ **FAX:** ( ) \_\_\_\_\_

**Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Residence:** ( ) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Driver's License Number and Province:** \_\_\_\_\_

**Please list cities, states and countries of residence, work and education for the last seven (7) years:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

WaBa Grill Franchise Corp. will not release personal information you provide us to third parties without your written consent, absent court order or legal process.



**REQUIRED COMMENTS:**

Please use this space and any additional sheets to tell us anything else you think is relevant, such as family business history, your personal business objectives, and what your most significant contribution would be if you are granted a WaBa Grill franchise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION AND WAIVER:**

I certify that the information I have provided on this application is complete and correct. I understand that false or misleading statements on this form are grounds for terminating the application process, and/or grounds for terminating my franchise, should I be granted one.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

