



PERSONAL APPLICATION

E-MAIL ADDRESS \_\_\_\_\_

<b>APPLICANT</b>	CELL PHONE	BEST TIME TO CALL	
NAME	HOME TELEPHONE	BUSINESS TELEPHONE	
HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	BIRTHDAY (MONTH/DAY/YEAR)		

**EDUCATIONAL RECORD**

HIGH SCHOOL	LAST GRADE COMPLETED:	8	9	10	11	12
COLLEGE/UNIVERSITY						
MAJOR:		DEGREE RECEIVED:		YEAR:		

**APPLICANT'S SPOUSE**

NAME	HOME TELEPHONE	BUSINESS TELEPHONE	
HOME ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	BIRTHDAY (MONTH/DAY/YEAR)		

**EDUCATIONAL RECORD**

HIGH SCHOOL	LAST GRADE COMPLETED:	8	9	10	11	12
COLLEGE/UNIVERSITY						
MAJOR:		DEGREE RECEIVED:		YEAR:		

**BUSINESS EXPERIENCE:** (PRESENT OR LAST POSITION FIRST)

NAME	
ADDRESS	
PHONE	NATURE OF BUSINESS
POSITION AND RESPONSIBILITIES	

NAME	
ADDRESS	
PHONE	NATURE OF BUSINESS
POSITION AND RESPONSIBILITIES	

NAME	
ADDRESS	
PHONE	NATURE OF BUSINESS
POSITION AND RESPONSIBILITIES	

NAME	
ADDRESS	
PHONE	NATURE OF BUSINESS
POSITION AND RESPONSIBILITIES	



# TELL US ABOUT YOU!

Have you ever owned your own business? If so, tell us about your experience:


What are your personal goals in owning and operating a Beefs? Where do you see yourself in 5 years?


How did you find out about the Beefs opportunity? Which Beefs have you visited?


Special Interests (hobbies, sports, favorite teams, etc):


Why will you be a successful Beefs owner/operator?


What do you feel are the disadvantages (if any) in owning your own Beefs?


List your areas of interest (city and state) for development? What is your timeframe for opening?


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Applicants Signature

Date

I certify that the enclosed information as given is correct and complete. This application does not guarantee or constitute the granting of a franchise from FSC Franchise Co., LLC. It is, however, understood that the applicant supplies the information contained herein to the best of their knowledge and ability, and the company relies on this fact in assessing the desirability and qualifications of each applicant.

# AUTHORIZATION AND RELEASE TO OBTAIN A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize FSC Franchise Co., LLC and its affiliated companies, by and through its independent contractor, CIC, INC. ("CIC"), to obtain a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to: employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history; including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public records; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to CIC that is made within reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to FSC Franchise Co., LLC and its affiliated companies, by and through CIC, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and all credit bureaus, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources.

I hereby release FSC Franchise Co., LLC and its affiliated companies, CIC, and any and all persons, business entities and government agencies, where public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

A photocopy/faxed copy of this release will be as valid as an original, even though the said photocopy/faxed copy does not contain an original writing of my signature.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

LIST COUNTIES AND STATES YOU HAVE LIVED IN THE PAST 5 YEARS

HAVE YOU EVER BEEN IN A PRINCIPAL BANKRUPT ADJUDICATION? YES  NO  IF YES, PLEASE STATE DETAILS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, PLEASE STATE DETAILS

HAVE YOU ANY LAWSUITS PENDING? YES  NO  IF YES, PLEASE STATE DETAILS

X \_\_\_\_\_

APPLICANT'S SIGNATURE