



Franchise Application

ALL APPLICANTS

Please fill out this section

Date: _____
(Please type or print clearly)

How did you become aware of this franchise opportunity?

- Magazine List: _____ Newspaper Specify _____
- Store Visit Where: _____ Trade Show Where: _____
- Referral Whom: _____ Other Describe: _____

I am interested in:

- Single Locations Free Standing Unit Food Court Unit Other
- Multiple Locations C-Store Unit In-line Unit

Franchisee will be:

- Individual A Partnership A Corporation
- All individuals and partnerships fill out sections A, B, C, F & G All corporations fill out sections D, E, F & G

You may receive our Franchise Disclosure Document in one of the following formats: 1) A paper copy of the disclosure document; 2) a copy on a CD; or 3) an electronic copy sent by e-mail delivery.

If you plan to have business partners, list names and addresses below. If names are to be included on the Franchise Agreement, please have these individuals fill out a separate application.

Name	Address	City	State	Zip	Phone Number

Name	Address	City	State	Zip	Phone Number

INDIVIDUAL or PARTNERSHIP APPLICANTS

Please fill out this section

A. Individual Biographical Data

Name	Social Security Number	Date of Birth (Month/Day/Year)	Citizenship (Country)

Name	Social Security Number	Date of Birth (Month/Day/Year)	Citizenship (Country)

Street Address	City	State	Zip

County	How Long at this Address?	Home Phone Number	FAX Phone Number

B. Employment History (Attach Resume if You Wish)

- Self-Employed: _____ Name of Company
- Employed By: _____ Current Employer Number of Years

Street Address	City	State	Zip

Phone Number	Position	May we contact you at work?

C. Financial Information

Current Salary Per Year	Other Income	Describe

Total Assets	Total Liabilities	Total Net Worth

Do you: Own Home: _____ Current Value Mortgage Rent

Do you have a Financing Source? No Yes: _____ List Amount of Financing Available

If qualified, when would you be ready to invest in a franchise? _____ Month/Year Total Cash Available for Investment

CORPORATE APPLICANTS

D. Corporate Biographical Data

Please fill out this section

Company Name	Federal Tax ID	Dun & Bradstreet #
Contact Name	Social Security Number	Title
Address	City	State Zip
Phone Number	FAX Number	
Date of Incorporation	Years in Business	State of Incorporation

E. Corporate Officers

Name	Title	% of ownership
Name	Title	% of ownership
Name	Title	% of ownership
Name	Title	% of ownership

ALL APPLICANTS F. Development Data

Please fill out this section

Market areas preferred: 1) _____ 2) _____ 3) _____

Who will be responsible for the daily operations of the business? _____ operator's name

Please list operator's experience:

Company name Position Number of Years

Company name Position Number of Years

Company Name Position Number of Years

Are you currently involved with any restaurant franchise(s)? ___ Yes ___ No If yes, please list brand(s) and type(s) of food served:

Brand Name Type of Food Served

Brand Name Type of Food Served

Brand Name Type of Food Served

G. Background Information

Have you ever been convicted of a felony? No Yes *

*If yes, please provide detailed information below as to the nature of the conviction, including the date and state where the conviction was rendered.

Please note that the following documents ARE REQUIRED for an applications package to be considered complete:

- 1) Completed Application (*Failure to answer applicable questions will delay action*)
- 2) Audited Financial Information including balance sheets, income statements, cash flow analysis (*Corporations Only*)
- 3) Completed Financial Verification Form

H. STATEMENT OF CERTIFICATION

I certify that the information contained in this application is true and complete. You are authorized to make an investigative report including any inquiries that you deem necessary to verify the accuracy of this information and to determine my credit worthiness. All information will be kept confidential.

Signature _____ Date _____

**RETURN TO: Popeyes Support Center
Attn: New Business Development
5555 Glenridge Connector, N.E., Suite 300
Atlanta, GA 30342
Phone: 404.459.4521 Fax: 404.459.4523**



Personal/Corporate Financial Statement Form

Please complete this form OR attach a Balance Sheet & Income Statement

Answer all questions using "no" or "none" where necessary. Please begin by completing schedules on reverse side if necessary. In the electronic version, please use Alt + Return to begin a new line in a cell.

Personal Information			Date of Statement
Name (first, middle, last)	Phone number	Email address	Social security number
Home address (include apt.)	City, State, Zip		How long
Business/Employer	Title/Position		How long
Business Address	City, State, Zip		Phone number ()
Do you have any dependents? If yes, list ages:	Do you have a will? If yes, name executor:		
Have you ever taken bankruptcy? If yes, explain:	Are you a defendant in any suits or legal actions?		

If joint statement, list names of individuals whose assets, liabilities and income are included

Assets		Liabilities	
Cash, on hand and unrestricted in banks		Notes payable to banks	
From below	\$	Schedule 1	\$
Accounts/Notes-receivable	\$	Notes and accounts due others	\$
Schedule 2	\$	Schedule 1	\$
Cash surrender value life insurance. (Do not deduct loans)	\$	Loan(s) against life insurance	\$
Schedule 3	\$	Schedule 3	\$
Listed (AMEX, NYSE) stocks, bonds, USGovt. Securities	\$	Brokers margin accounts	\$
Schedule 4	\$	Taxes accrues by unpaid	\$
Other stocks and bonds	\$	Mortgages payable on real estate	\$
Schedule 4	\$	Schedule 5	\$
Real estate at cost or market value	\$		\$
Schedule 5	\$		\$
Automobiles	\$		\$
	\$		\$
	\$		\$
Other assets - itemize	\$	Other liabilities - itemize	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
	0		0

Net Worth Subtract your total liabilities from total assets and enter figure to right

\$	
\$	

Contingent Liabilities As guarantor or co-maker, Legal claims on leases or contracts

Income Information ___ Monthly ___ Annual		Banking Relationships	
Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
Salary (Gross)	\$	Name and address of bank	Cash Balance
Bonus and commissions, dividends, interest	\$	Single (S) Joint (J) Trust (T)	\$
Rental income	\$		\$
Other - itemize	\$		\$
	\$		\$
Total income	\$	Total Cash (take to assets above)	\$

I warrant that there is no judgement against me nor lien unstatisfied upon my property except as shown, nor prior suit pending against me in any court, that no assets are pledged in any manner not shown herein, and that this statement is true and complete and is offered for the purpose of obtaining and maintaining credit. With joint credit, all applicants must sign.

Date Signature (Seal) Date Signature (Seal)

Received By _____ Through _____ Office _____

Please Complete Schedules on Reverse Side (Go to Sheet 2 in Workbook in electronic version)

Supplementary Schedules (take totals to front) Attach additional pages if necessary

Schedule 1 Debts/Credit Lines (Include home and any other open-end revolving credit, even if unused)

Name and address of bank	Endorsement or collateral (describe)	Credit line	Original Amount	Unpaid Balance	Monthly payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		Total \$	\$	\$	\$
Name and address of others		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		Total \$	\$	\$	\$

Schedule 2 Accounts, Loans, and Notes Receivable

Name and address of debtor	Maturity date	Amount owing	Description or nature of debt	Description of security	Repayment terms
		\$			
		\$			
		Total \$			

Schedule 3 Life Insurance

Name of insured	Beneficiary	Insurance Co.	Face amount of policy	Surrender value	Loans against policy	Yearly Premium	Type of policy	Is policy assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		

Schedule 4 Stocks, Bonds, and US Government Securities

Description of Security	Registered in name of	Face value (bonds)		Market value/share	Total Market Value	Pledged Yes/No	Listed (L) on NYSE, AMEX	
		No. of shares (stocks)					Unlisted (U)	Government Security (G)
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				Total Listed	\$			
				Total Unlisted	\$			

Schedule 5 Real Estate

Description or address to include city and state	Title in name of	Date acquired	Cost	Market Value	Tax Value	Original Amount	Unpaid Balance	Monthly payment
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			Total \$	\$	\$	\$	\$	\$

Other Credit References

(Give names of banks, finance companies or other concerns where credit has been obtained)

Name and address	Date	Account number	Type of account	High Credit
				\$
				\$
				\$

