



Western Sizzlin  
P.O. Box 12167  
Roanoke, VA 24023  
540-345-3195

**FRANCHISE APPLICATION**

The following confidential information is the basis for my franchise application. The submission of this application does not obligate Western Sizzlin or myself in any way or manner.

Location Preference: 1st Choice \_\_\_\_\_  
2nd Choice \_\_\_\_\_

**A. PERSONAL DATA**

Print Full Name: \_\_\_\_\_  
First Middle Last

Spouse's Name: \_\_\_\_\_  
First Middle Last

Residence Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State/Providence County

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a Citizen of the USA? \_\_\_\_\_ If not, what country? \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Since: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

**B. EDUCATION**

High School \_\_\_\_\_ YRS. COMPLETED  
College \_\_\_\_\_ YRS. COMPLETED  
Graduate School \_\_\_\_\_ YRS. COMPLETED  
Technical School \_\_\_\_\_ YRS. COMPLETED

College: \_\_\_\_\_  
NAME LOCATION YR. GRAD. MAJOR OR DEGREE

Graduate School: \_\_\_\_\_  
NAME LOCATION YR. GRAD. MAJOR OR DEGREE

Other: \_\_\_\_\_  
NAME LOCATION YR. GRAD. MAJOR OR DEGREE

**C. MILITARY**

Have you served in the armed services? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_

Date of Service: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Separation \_\_\_\_\_

**D. BUSINESS EXPERIENCE** Please give present or most recent position first, and provide the last 10 years of employment or business history. If additional space is required, attach a separate sheet. Advise if you do not wish your present employer contacted.

Company: \_\_\_\_\_ Type of Business \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe responsibilities and number of employees supervised: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Company: \_\_\_\_\_ Type of Business \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe responsibilities and number of employees supervised: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Do you now or have you ever owned or had a financial interest in a restaurant operation or other franchise? \_\_\_\_\_

If Yes, State Details: \_\_\_\_\_

Have you or a corporation owned or controlled by you ever been involved in bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**E. PERSONAL REFERENCES** Please give a minimum of three personal references other than employer or relative.

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

( )

( )

( )

( )

( )



**G. PERSONAL FINANCIAL STATEMENT**

**SOURCE OF INCOME**

|                        |          |
|------------------------|----------|
| Salary                 | \$ _____ |
| Bonus and commissions  | \$ _____ |
| Real estate income     | \$ _____ |
| Interest and dividends | \$ _____ |
| Other income (itemize) | \$ _____ |
| _____                  | \$ _____ |
| _____                  | \$ _____ |
| <b>TOTAL INCOME</b>    | \$ _____ |

**CONTINGENT LIABILITIES**

|  |          |
|--|----------|
| As endorser or co-maker                | \$ _____ |
| On leases or contracts                 | \$ _____ |
| Provision for federal income tax       | \$ _____ |
| Other contingent liabilities (itemize) | \$ _____ |
| _____                                  | \$ _____ |
| _____                                  | \$ _____ |
| <b>TOTAL CONTINGENT LIABILITIES</b>    | \$ _____ |

**BALANCE SHEET**

**ASSETS**

**LIQUID ASSETS:**

|   |          |
|---|----------|
| Cash on hand and in banks<br>(Schedule 1-Detailed Schedule)     | \$ _____ |
| Stocks and Bonds<br>(Schedule 2-Detailed Schedule)              | \$ _____ |
| Accounts / Notes Receivable<br>(convertible to cash in 90 days) | \$ _____ |
| Life Insurance<br>(cash surrender value)                        | \$ _____ |

**TOTAL LIQUID ASSETS** \$ \_\_\_\_\_

**OTHER ASSETS:**

|                              |          |
|------------------------------|----------|
| Real Estate (See Schedule 3) | \$ _____ |
| Pensions, IRA's, etc.        | \$ _____ |
| Accounts / Notes Receivable  | \$ _____ |
| Other Assets (itemize)       | \$ _____ |
| _____                        | \$ _____ |
| _____                        | \$ _____ |
| <b>TOTAL OTHER ASSETS</b>    | \$ _____ |

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES AND NET WORTH**

**LIABILITIES:**

|   |          |
|---|----------|
| Notes Payable<br>(Schedule 4-Detailed Schedule)                 | \$ _____ |
| Accounts and bills due  | \$ _____ |
| Unpaid real estate taxes  | \$ _____ |
| Unpaid income taxes due   | \$ _____ |
| Real estate mortgages payable<br>(Schedule 3-Detailed Schedule) | \$ _____ |

|                             |          |
|-----------------------------|----------|
| Other Liabilities (itemize) | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| _____                       | \$ _____ |
| <b>TOTAL LIABILITIES</b>    | \$ _____ |

**NET WORTH** \$ \_\_\_\_\_

**TOTAL LIABILITIES & NET WORTH** \$ \_\_\_\_\_

## H. DETAILED SCHEDULE

### SCHEDULE #1 - BANK ACCOUNTS

| Institution Name and Location | Account Number | Contact Officer | Cash Balance |
|-------------------------------|----------------|-----------------|--------------|
|                               |                |                 |              |
|                               |                |                 |              |
|                               |                |                 |              |
|                               |                |                 |              |

### SCHEDULE #2 - STOCKS AND BONDS

| Description of Security | Stock Exchange | Number of Shares | Current Market Value |
|-------------------------|----------------|------------------|----------------------|
|                         |                |                  |                      |
|                         |                |                  |                      |
|                         |                |                  |                      |
|                         |                |                  |                      |

### SCHEDULE #3 - REAL ESTATE

| Description of Property (Address) and Percent of Ownership | Date of Purchase | Market Value | Mortgage Balance |
|--|------------------|--------------|------------------|
|  |                  |              |                  |
|  |                  |              |                  |
|  |                  |              |                  |
|  |                  |              |                  |

### SCHEDULE #4 - NOTES PAYABLE

| Payable to | Account Number | Outstanding Balance | Payment Schedule |
|------------|----------------|---------------------|------------------|
|            |                |                     |                  |
|            |                |                     |                  |
|            |                |                     |                  |
|            |                |                     |                  |

**I. OTHER INFORMATION**

|  | YES | NO |
|--|-----|----|
| Are you related to any officer, director, employee or franchisee of Western Sizzlin?     |     |    |
| Is any former office, director or employee of Western Sizzlin presently working for you? |     |    |
| Have you ever applied for a Western Sizzlin franchise?                                   |     |    |
| Have you ever been convicted of a felony?  |     |    |
| Have you ever filed for bankruptcy?  |     |    |
| Was any special promise made to you in connection with this application?                 |     |    |

If you responded YES to any of the above questions, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did an advertisement prompt your interest in Western Sizzlin?      Yes      \_\_\_\_\_ No      \_\_\_\_\_

If so, what publication? \_\_\_\_\_

Did you see us on a search Website, if so which site? \_\_\_\_\_

To what extent will you be actively involved in the day-to-day operations of the restaurant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to finance the restaurant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTESTATION TO FINANCIAL DATA  
AND  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

The undersigned certifies that the information furnished in this application is true and correct.  
I authorize Western Sizzlin or its agent to verify any and all submitted information and to make any  
additional credit checks or background checks which it deems necessary or advisable.

**\*APPLICATIONS THAT ARE NOT SIGNED CANNOT BE PROCESSED\***

Signature of applicant: \_\_\_\_\_

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

## FRANCHISE OWNERSHIP DISCLOSURE FORM

Western Sizzlin grants franchises to operate Western Sizzlin restaurants to individuals or to groups of individuals. The franchise agreement requires Western Sizzlin's prior approval of any change of ownership interest. Western Sizzlin requires all parties to the franchise agreement to complete a franchise application and also requires the disclosure of the following information:

1 List and state the amount and percentage of the proposed capital interest of each individual:

| Name  | Capital Interest | % of Total Ownership |
|-------|------------------|----------------------|
| _____ | \$ _____         | _____ %              |
| _____ | \$ _____         | _____ %              |
| _____ | \$ _____         | _____ %              |
| _____ | \$ _____         | _____ %              |
| _____ | \$ _____         | _____ %              |
| Total | \$ _____         | 100%                 |

If any of the capital interest by any individual is not to be made in cash, describe the form of the interest in full:

2 If any individual's voting interest in the business or right to share in the profits differs from his capital interest, indicate below:

| Name  | Voting  | Right to share Profits |
|-------|---------|------------------------|
| _____ | _____ % | _____ %                |
| _____ | _____ % | _____ %                |
| _____ | _____ % | _____ %                |
| _____ | _____ % | _____ %                |
| _____ | _____ % | _____ %                |
| Total | 100%    | 100%                   |

# FINANCIAL DISCLOSURE AUTHORIZATION

Please forward this form directly to the following: Your Bank, Savings and Loan Association  
or Credit Union.

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

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Gentlemen:

In connection with certain financial analysis, I would appreciate your confirmation of the type and balance of my account(s), along with the amount of indebtedness to you. Please submit information, on your letterhead, to the address listed below. I do hereby give my permission to you to disclose the information requested above.

**Western Sizzlin  
P. O. Box 12167  
Roanoke, VA 24023-2167**

My Account Number (s):

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

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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