



**Wood Grill Buffet**

**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 Wood Grill Buffet 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 (Schedule 1-Detailed Schedule)	\$ _____
Stocks and Bonds (Schedule 2-Detailed Schedule)	\$ _____
Accounts / Notes Receivable (convertible to cash in 90 days)	\$ _____
Life Insurance (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 (Schedule 4-Detailed Schedule)	\$ _____
Accounts and bills due	\$ _____
Unpaid real estate taxes	\$ _____
Unpaid income taxes due	\$ _____
Real estate mortgages payable (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 Wood Grill Buffet?		
Is any former office, director or employee of Wood Grill Buffet presently working for you?		
Have you ever applied for a Wood Grill Buffet 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 Wood Grill Buffet?      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 Wood Grill Buffet 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

Wood Grill Buffet grants franchises to operate Wood Grill Buffet restaurants to individuals or to groups of individuals. The franchise agreement requires Western Sizzlin's prior approval of any change of ownership interest. Wood Grill Buffet 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.

**Wood Grill Buffet  
P. O. Box 12167  
Roanoke, VA 24023-2167**

My Account Number (s):

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

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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