



Famous Famiglia Franchisee Evaluation Form

In order to properly evaluate your application, it is necessary that you fill out the form as accurately as completely as possible. The information you submit will be held in strict confidence. A completed application does not obligate either party.

Date (mm/dd/yyyy) _____

Personal Data

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip Code

Are you a United States Citizen? Yes No

Home Phone _____ Work Phone _____

Mobile Phone _____ Email Address _____

Date of Birth (mm/dd/yyyy) _____ Marital Status _____

Are you currently employed? Yes No

If 'No', how long have you been out of work? _____

If 'Yes', current employer information _____
Company Name City State

Have you ever been convicted of a felony? Yes No

Are you currently a party to any pending legal action? Yes No

Please explain? _____

PREVIOUS EMPLOYERS

Name _____ City _____ State _____ Phone _____

From _____ to _____ Position held _____

Name _____ City _____ State _____ Phone _____

From _____ to _____ Position held _____

GENERAL EDUCATION

Please check the highest grade completed.

Grades 1 – 12

College

Post-Graduate

Business Experience and Data

How did you learn of Famous Famiglia pizzeria?

Will other investors/associates join you in this venture? Yes No

If you checked 'Yes', please have each fill out one of these forms.

	Name	Address	% Ownership	% Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Will this franchise business be your sole source of income? Yes No

What is your location preference for this franchise? (City, State)

First choice _____ Second choice _____

Would you be willing to consider other areas? Yes No Where? _____

Do you currently own any franchise concepts? Yes No

If so, list:

Do you have restaurant operation and/or management experience? Yes No

If so, please describe:

Confidential Net Worth Statement

ASSETS	(omit cents)	LIABILITIES	(omit cents)
CASH IN THE FOLLOWING BANKS (Itemize-list on reverse side if necessary)		NOTES PAYABLE TO BANKS (Itemized-list on reverse side of necessary)	
		1. Due To:	
		Collateral:	
		2. Due To:	
		Collateral:	
NOTES DUE TO ME (Totals only – List details on reverse side)		3. Due To:	
Secured by Real Estate:		Collateral:	
Secured by Other Collateral		OTHER NOTES PAYABLE – SECURED	
Unsecured (Collectible)		1. Due To:	
OTHER AMOUNTS OWED TO ME		Collateral:	
Professional Accounts Receivable		2. Due To:	
Other Collectible Amounts		Collateral:	
STOCK and BONDS		OTHER NOTES PAYABLE - UNSECURED	
(Totals only – List details on reverse side)		Due To:	
Marketable Stocks		Due To:	
Other Stocks		TAXES OWING: Income Taxes:	
Savings Bonds		Other Taxes:	
Other U.S. Government Obligations		LIFE INSURANCE POLICY LOANS	
Other Bonds		DUE ON AUTOMOBILES	
CASH SURRENDER VALUE OF LIFE INSURANCE			
AUTOMOBILES		OWING ON REAL ESTATE Lien Holder	
		Due on Homestead	
REAL ESTATE		Due on Other residential Real Estate	
(Totals only – List details on reverse side)		Due on Commercial Real Estate	
Homestead		OTHER LIABILITIES (describe)	
Other Residential Real Estate		Personnel Bills	
Commercial Real Estate			
Rural Real Estate			
OTHER ASSETS (describe)		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

ANNUAL SOURCE OF INCOME	CONTINGENT LIABILITIES
Salary and/or Fees	Guarantor Obligations
Bonus and Commissions	Legal Claims
Dividends and Interest	Endorser or Co-Maker Obligations
Real Estate Income	Leases or Contracts
Business, Profession or Royalty Income	Liens or Special Debt
Other Income (Itemize)	Provision for Federal or Other Taxes
	Other Liabilities (Alimony, Child Support, Maintenance, etc.) (Itemize)
TOTAL	TOTAL

References

Name /Company	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please feel free to attach any information about yourself which you feel will help us know you better as a person.

I hereby certify that the information supplied in this Franchisee Evaluation Form and other financial statements made by me are true and correct. I agree to have all information confirmed by one of your representatives and I authorize you to check references and conduct such additional credit checks as deemed necessary. I hold Famiglia-DeBartolo, LLC harmless for any damages arising from the verification of the information concerned herein. I further understand that submission of this information does not obligate either of the parties to purchase or sell a franchise.

Applicant's Signature

Date

All applicants will receive consideration without regard to race, color, religion, sex, or national origin.

Please complete, sign, and return this form to:

**Famiglia-DeBartolo, LLC
ATTN: Franchise Department
199 Main Street, 8th Floor
White Plains, NY 10601**

**THIS OFFERING IS MADE BY PROSPECTUS ONLY
THIS ADVERTISEMENT IS NOT AN OFFERING. AN OFFERING CAN ONLY BE MADE BY A PROSPECTUS
FILED FIRST WITH THE DEPARTMENT OF LAW OF THE STATE OF NEW YORK. SUCH FILING DOES NOT
CONSTITUTE APPROVAL BY THE DEPARTMENT OF LAW.**

This franchise is not being offered to residents of Wisconsin, South Dakota, North Dakota, and Hawaii, the offer is not directed to any person in these states by or on behalf of the franchisor or anyone acting with the franchisor's knowledge, and no franchises are sold in these states by or on behalf of the franchisor until the offering has been registered and declared effective, and the state's Uniform Franchise Offering Circular has been delivered to the purchaser prior to the sale and in compliance with the state's franchise law.