



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 \_\_\_\_\_ Last First Middle Social Security No. \_\_\_\_\_

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?

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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:

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

If so, please describe:

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## 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)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

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)	
<b>TOTAL</b>		<b>TOTAL</b>	

## 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.**

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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  
245 Main Street, Suite 620  
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.**