



INITIAL FRANCHISE APPLICATION

PERSONAL INFORMATION

Please provide us with the information requested and attach any additional information, such as a resume, financial statements, tax returns, or letters of recommendation, that may assist us in evaluating you for a Genghis Grill franchise opportunity.

Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

No. Years _____ Email _____

Telephone _____
(Area Code) Daytime (Area Code) Evening (Area Code) Mobile

Fax _____ Pager _____ Date of Birth _____
(Area Code) (Area Code)

Social Security No. _____ Spouse's Name _____

School _____ Dates Attended _____ Degree Obtained _____

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Why do you want to own a Genghis Grill? _____

Have you ever experienced a Genghis Grill feast or any other Mongolian Barbecue or Stir-fry concepts? If Yes, please explain. _____

In what specific area would you like to open your Genghis Grill? _____

Are you involved in any legal action: criminal, civil, bankruptcy, litigation, etc.? If Yes, please explain. _____

BUSINESS EXPERIENCE

Current Employer _____ No. Years _____ Title _____

Explain Duties and Responsibilities. _____

Previous Employment	Employer	Title	Responsibilities	Annual Income
To _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____

Do you have any previous restaurant or franchise experience? If Yes, please explain. _____

REFERENCES

Please list at least three (3) personal references that we can contact.

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION**ASSETS**

Cash on Hand\$ _____
 Securities\$ _____
 Receivables, Notes\$ _____
 Automobiles\$ _____
 Personal Property, Furniture\$ _____
 Real Estate\$ _____
 Life Insurance (cash value)\$ _____
 Other Assets (describe)\$ _____
 Total Assets\$ _____

LIABILITIES

Notes Payable/ Loan\$ _____
 Real Estate Mortgages\$ _____
 Accounts Payable/Bills\$ _____
 Due on Automobiles\$ _____
 Other Debts, Obligations\$ _____
 List\$ _____
\$ _____
\$ _____
 Total Liabilities\$ _____

Total Net Worth.....\$ _____
 (Total Assets minus Total Liabilities)

ANNUAL SOURCES OF INCOME

Salary\$ _____
 Dividends and Interest\$ _____
 Business, Personal\$ _____
 Other Income (describe)\$ _____
\$ _____
\$ _____
 Bonus and Commissions\$ _____
 Real Estate Income\$ _____
 Royalty\$ _____
 Total Income\$ _____

CASH ACCOUNTS

Name/Location of Bank	Phone No.	Contact	Type Account	Acct. No.	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REAL ESTATE HOLDINGS

Location/ Description	Market Value	Monthly Income	Titled To	Orig. Amount	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIFE INSURANCE

Company	Policy No.	Face Amount	Cash Val.	Loan, if any
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECURITIES/ INVESTMENTS

Name of Issuer	No. Shares	Par Value	Market Value	Total Value	Pledged	Where Traded	Name Reg. In
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

NOTES PAYABLE/ LOANS

Name/Address of Maker	Original Amt.	Maturity Date	Present Balance	Collateral, if any
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature _____ Date _____ / _____ / _____

Please fax this application to (214) 774-4243. Mail hard copy to 4901 LB Freeway, Suite 150, Dallas, TX 75244