



Soninotna Franchise Corp.

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Phone: (678) 643-9638

FRANCHISE APPLICATION

Except to the extent necessary to process this application, otherwise described below, or required by law, we will keep your financial and personal information confidential. We will not contact your current employer without your consent.

Instructions:

- } Complete and return this application in connection with your interest in being approved to become Antonino's Pizza franchisee.
- } Complete this application using a typewriter or print neatly (it will be scanned electronically).
- } Each person or entity that would have an interest in the franchise must submit an application (a married couple may complete a single form).
- } Documents listed on page 8 must be submitted as part of this application.

Application Date:	
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How did you first hear about our franchise program? (please select one)	<input type="checkbox"/> Website <input type="checkbox"/> Internet articles <input type="checkbox"/> Existing franchisee	<input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Newspaper article <input type="checkbox"/> Other
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PERSONAL INFORMATION

Name:		US Citizenship or Permanent Resident Alien Status
	First Middle Last	
Social Security #:		
Date of Birth:		Check One Box: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien

Current Home Address:		Check One Box:	<input type="checkbox"/> Own
	Number and Street		<input type="checkbox"/> Rent
	State, City and Zip Code	Lived at this address for:	Years

Last Prior Home Address: (Applicant)		Check One Box:	<input type="checkbox"/> Own
	Number and Street		<input type="checkbox"/> Rent
	State, City and Zip Code	Lived at this address for:	Years

Last Prior Home Address: (Co-Applicant)	Number and Street	Check One Box: Lived at this address for:	<input type="checkbox"/> Own
	State, City and Zip Code		<input type="checkbox"/> Rent
			Years Months

Contact Information	Applicant	Co-Applicant
Home:		
Work/Office:		
Fax:		
Mobile:		
E-mail:		

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Spouses Name:		First Middle Last
Would your spouse have an active role in the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes then describe your spouse's anticipated role:		
Would your spouse have an ownership interest in the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes then your spouse must apply with you to become a franchisee, and your spouse must provide the information for Co-Applicant.		

Complete this section for Co-Applicant only if Applicant and Co-Applicant are a married couple applying together.			
Social Security #:		Check One Box:	<input type="checkbox"/> US Citizen
Date of Birth:			<input type="checkbox"/> Permanent Resident Alien

Number of Dependents:		Ages of Children:	
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	Applicant	Co-Applicant	If Yes to any of the following questions, then provide complete explanation and details.
Have you ever been convicted of a crime, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any felony charges pending, or are you under indictment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been the subject of a petition in bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

YOUR INTEREST IN BECOMING AN ANTONINO'S PIZZA FRANCHISEE

Why do you want to become an Antonino's Pizza franchisee?	

GEOGRAPHIC INTEREST

Please tell us about any specific area or site you have in mind. (Please note that approval of your application will not imply any development rights to a site or area you identify)	

EDUCATION

Applicant

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
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College or University	Years Attended	Year Graduated	Major	Degree

Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?	
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Co-Applicant

Did you graduate from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, what was the last year that you completed?	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11
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College or University	Years Attended	Year Graduated	Major	Degree

Do you speak English fluently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What other languages of any, do you speak fluently?	
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BUSINESS EXPERIENCE

	Applicant	Co-Applicant	If Yes to any of the following questions, then provide complete details, including name, state, and nature of your involvement.
Do you now or have you ever owned, managed or held an interest in any dessert or bakery business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	
Do you currently have an interest in any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	

Have you ever been a franchisee with respect to a business not identified above?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	<input type="checkbox"/> No	

Applicant

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)

Co-Applicant

Current Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)
Previous Employer (Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)
Previous Employer Name, Address)	Position Details (Title, Responsibilities, etc.)	Yearly Salary (excluding bonus and commissions)	Name and phone number of the person to whom you report	Dates Employed (From To)

OWNERSHIP OF FRANCHISE AND MANAGEMENT OF ANTONINO'S PIZZA

Would any person or entity, other than you have an interest in the franchise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list each other person and entity who would have an interest in the business:	
Who will be the operating partner(s)?			<i>A total of at least 55 hours/week must be spent in the Antonino's pizza by the operating partner(s) and managers who have completed the Operations training with us.</i>
Do you consider yourself able to undertake the physical tasks necessary to operate a Antonino's Pizza on a day-to-day basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe how you will be involved in the day-to-day operation of the Antonino's Pizza:	

INVESTMENT FINANCING**

A. What is your total anticipated Investment to open for business?	\$ _____
B. What portion of the Investment would you pay in cash?	\$ _____
List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount
C. What portion of the Investment would your partner(s) pay in cash?	\$ _____
D. What portion of the Investment are you and your partner(s) borrowing?	\$ _____
List the sources of capital that you plan to use to cover the portion of the Investment above that you plan to pay in cash (e.g. savings account, stocks, etc.)	
Sources	Amount
Total (B thru D above)	\$ _____

**** IMPORTANT NOTE:** The approval of your application will not imply that Antonino's Pizza has attempted to assess whether you have reasonably estimated your total anticipated Investment.

PERSONAL FINANCIAL STATEMENT

As of Application Date

ASSETS		Applicant	Co-Applicant
Cash in banks including savings, checking, etc. (Schedule 1)		\$	\$
Marketable securities, stocks, bonds (Schedule 1)			
401K, IRA, or other retirement accounts (Schedule 1)			
Real estate - primary residence (Schedule 2)			
Real estate other (Schedule 2)			
Interests held in other businesses			
Other Assets (Itemize)			
Subtotal		\$	\$
TOTAL ASSETS (add subtotals from both columns)			\$

LIABILITIES		Applicant	Co-Applicant
Mortgage Notes secured by primary residence (Schedule 2)		\$	\$
Mortgage Notes secured by other real estate (Schedule 2)			
Loans Payable (not secured by real estate) (Schedule 3)			
Credit card debt, and other revolving debt			
Real estate other (Schedule 2)			
Other Debts, Liabilities, and Financial Obligations (Itemize)			
Subtotal		\$	\$
TOTAL LIABILITIES (add subtotals from both columns)			\$

NET WORTH (equals Total Assets Minus Total Liabilities)	\$
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PRESENT ANNUAL INCOME

		Applicant	Co-Applicant
Salary		\$	\$
Bonus and Commissions			
Dividends			
Real Estate (e.g. rental income, etc.)			
Other Income (Itemize)			
Subtotal		\$	\$

SCHEDULES TO PERSONAL FINANCIAL STATEMENT (Attach additional sheets if necessary)

Schedule 1 Asset Accounts and Individually Held Securities

Financial Institution & Account No. (or Number and Name of Securities)	Type of Account, Fund or Security	Balance or Market Value	Outstanding Loans (e.g. Margin balance)	Owner of Record

Schedule 2 Real Estate

Property Address & Description (e.g. single family home, etc.)	Assessed Market Value	Mortgage & Leins	Total Annual Payments of Mortgage and Leins	\$ Equity Owned by Applicant(s)

Schedule 3 Loans Payable (not secured by real estate)

Lender	Loan Type	Balance	Monthly Payment	Maturity/Pay Off

Please note, the follow documents must be submitted with this application to be considered completed. Soninotna Franchise Corp. may request additional documentation and information before rendering a decision on this application.

- Last 2 months statement for each account listed in Schedule 1 (obtain an updated statement from your financial institution if the one you have is more than 90 days old);
- Property tax statement for each property listed in Schedule 2;
- If any required document cannot be provided, then a written explanation of the reasons why that required document is not available.

By signing below:

- I am representing and warranting that the information in this application (including information in the documents that I submit as part of my application) is true and correct.
- I understand that Soninotna Franchise Corp. will rely on this information when determining whether to approve my application. If Soninotna Franchise Corp. approves my application, and later determines that the information I provided was materially false or incomplete, then Soninotna Franchise Corp.. will have a right to terminate the franchise that I acquire, which among other things required that I be of good character.

- I hereby authorize Soninotna Franchise Corp. (and its affiliates and authorized agents) to make any additional credit, background, and character checks that Soninotna franchise Corp. or its affiliates deem appropriate, including obtaining of a person credit report. If my application is approved, then this authorization shall continue as long as I am in the process of developing an Antonino's Pizza, or I remain an Antonino's Pizza franchisee, or I have any obligations to Soninotna Franchise Corp. or its affiliates, and any information obtained may be used by Soninotna Franchise Corp. and its affiliates in an attempt to enforce my obligations to Soninotna Franchise corp. or its affiliates.
- I hereby authorize all persons, schools, banks and financial institutions, past or present employers, credit bureaus, and law enforcement agencies to release to Soninotna Franchise Corp.. (and its affiliates and authorized agents) any information about me that they possess, without qualification or restriction, and I hereby release them from any liability for complying with this authorization. I authorize that a photocopy or facsimile of this release be considered as valid as the original.
- I am warranting and representing that I do not currently have any interest in a pizza, Italian entrée or delivery system business that would result in a violation of the covenants against competition contained in the franchise agreement governing the business I am seeking to acquire.
- I understand that if my application is approved, and I acquire an Antonino's Pizza franchise, then Soninotna Franchise Corp. and its affiliates may, but shall have no obligation to, from time to time extend credit to me in connection with my operation of an Antonino's Pizza franchise, including but not limited to my purchases of Antonino's Pizza brand products.

SIGNATURE: _____
Applicant

SIGNATURE: _____
Co-Applicant

Except to the extent necessary to process this application, otherwise described below, or required by law, we and our affiliates will keep your financial and personal information confidential. We will not contact your current employer without your consent.