

The Following information is the basis for my franchise application. The submissions of this application does not obligate either American Deli Inc. or Applicant in any way or manner.

Please print or type all information requested. Additional pages, if needed, should be attached. If there are additional co-owner/partners, shareholders, officers or directors involved, please copy this form and fill out a separate application for each.

Applicant Name

 Last First Middle Nick Name

 Street Address City State Zip Code

 Driver's License No. State S.S.N.

 Home Phone Business Phone Cell Phone E-mail

 Date of Birth Marital Status Occupation

May we call you at your business? Yes No Best time to call: _____

Have you visited an American Deli location? Yes No Location _____

How did you hear about us? News paper Advertising internet Existing Franchise(name) _____

Trade Show(name) _____ Magazine(name) _____ Others _____

Personal Information

 Spouse's Name Spouse's Date of Birth Spouse's occupation

 Spouse's S.S.N. Number of Dependants

Do you own or rent your home How long? _____

Are you a U.S citizen? Yes No.
 If no, _____

please give a place of permanent residence and your immigration status in the U.S. Also please attach evidence of status in the U.S.

Have you ever convicted of a felony or misdemeanor? Yes No
 If Yes, _____

Please state details.

Have you ever filed for bankruptcy? Yes No.
 If Yes, _____

Please state details.

Do you or anyone related to you hold any interest in another restaurant concept? Yes No
 If Yes, _____

Please state details.

Are you and your employer providing products, goods or services to American Deli ? Yes No

If yes, _____

Please state details

Are you or anyone in your immediate family currently or previously employed by American Deli? Yes No

If yes, _____

Please state details

Are you or anyone in your immediate family currently under any form of non-competition agreement that limits your right to operate any business? Yes No

If yes, _____

Please state details

Have you ever applied for American Deli Franchise license before? Yes No

If yes, _____

Please state details

GENERAL INFORMATION

Will you operate and manage an American Deli franchise on a full time basis? Yes No

If no, _____

Please state details

Will any member of your family be directly involved with the day- to- day operation of this business? Yes No

If yes, _____

Please state details

Other parties to be involved in this business

Partners or associates who will join you in the venture must also fill out a separate American Deli Franchise application.

Name of proposed Operating Partner(s) _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone No. _____

Business Phone _____

Cell Phone _____

List desired geographic area _____

Percent of ownership?(can not be more than 49%) _____

List of additional partners or associate _____

Will they devoted their full-time to this business?

Do you have a specific location in mind? Yes No If Yes, Where? _____

When will you be ready to open your Franchise? _____

How much money are you prepared to invest in an American Deli franchise? _____

How many shops would you like to develop? _____

Would this be your sole source of income? Yes No.

Why are you interested in developing an American Deli franchise? _____

BUSINESS OWNERSHIP HISTORY

Please list the name and activity of any business in which you have owned more than a 5 % interest during the previous 10 years or do you have any current business affiliations other than your occupation?(Owner, Partner, Director)

EMPLOYMENT HISTORY

Present Employment

Company	Position	employment from	to
Street Address	City	State	Zip Code
Telephone No.	Annual Salary	Supervisor	

Describe the duties, responsibilities and numbers of employees under your supervision. _____

May we contact your present employer? Yes No

Previous Employment

Please list your last three employers

<i>Employer</i>	<i>Years employed</i>	<i>Tel.</i>
<i>job description</i>		<i>Supervisor</i>
<i>Employer</i>	<i>Years employed</i>	<i>Tel.</i>
<i>job description</i>		<i>Supervisor</i>
<i>Employer</i>	<i>Years employed</i>	<i>Tel.</i>
<i>job description</i>		<i>Supervisor</i>

May we contact your previous employers? Yes No

Education

High School	<i>Name and location</i>	<i>year Completed</i>
College	<i>Name and location</i>	<i>year Completed</i>
Graduate School	<i>Name and location</i>	<i>year Completed</i>
Others	<i>Name and location</i>	<i>year Completed</i>

PERSONAL REFERENCES

Name two persons who have known you for at least five years(do not include former employees or relatives.)

Name	Address	Affiliation
Tel.	Known How Long?	
Name	Address	Affiliation
Tel.	Known How Long?	

FINANCIAL WORKSHEET

Our minimum financial requirements have been established to help insure that you will have the cash flow and capital necessary to start a new business. These minimum may vary depending on the market being developed. Please complete the following financial worksheet.

Source of Income

Salary	\$	Net Real Estate Income	\$
Spouse's Salary	\$	Business Profit	\$
Dividends and interest	\$	Other Incomes	\$

Liquid assets are defined as cash in a bank or other assets that can be converted to cash within 30 days such as stocks, bonds and money market accounts. Please note that your net worth is defined as the total of your assets(Liquid or non-liquid minus your total liabilities)

<u>Liquid Assets</u>		<u>Liabilities</u>	
Cash in Bank	\$	Loan, Notes Payable	\$
Cd's and Money Markets	\$	Mortgages Payable	\$
Stocks, and Bonds	\$	Taxes due	\$
Total Liquid Assets	\$	Other Liabilities	\$
<u>Non- Liquid Assets</u>			
Accounts/Notes Receivable	\$		
Real Estate Investment	\$		
Net Value of Business	\$		
Other Assets	\$		
Total Non-Liquid Assets	\$		
Total Liquid and Non Liquid Assets	\$	Total Liabilities	\$
Total Net Worth	\$		

SIGNATURES

I/We understand that, as a condition of being considered as an American Deli Franchisee, I/We hereby authorize American Deli Franchising Corporation(American Deli International, Inc.) or any credit bureau, law enforcement agency or financial institution to investigate the references and statements submitted to obtain information regarding credit, employment, litigation history, criminal records and bank accounts as needed to process this application.

I/We certify that the information supplied on this franchise application and any financial information submitted on other forms is true.

Principal Name(Print)	Date
Principal Name(Print)	Date