CONFIDENTIAL FRANCHISE APPLICATION

Applicants Name Date

Please hit "Email Application" button when complete,
or return completed application to:

Sub Station II, Inc.
Franchise Department
914 Richland Street
Suite A200
Columbia, SC 29201
Email: franchiseinfo@substationii.com

This questionnaire does not obligate you in any way and does not constitute an agreement by which a franchise will be granted. Items in the red boxes are required.*

(Please Type or Print)

Personal Data

Name: _____ Social Security Number _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: (_____)_____(_____)_____ E-mail Address: _____
Home Mobile

How long at this address: _____ If less than five years please provide previous address: _____

Date of Birth: _____ Gender: _____ Marital Status: _____ No. of Dependents: _____

Spouse's Name: _____ Spouse's Social Security Number: _____

Spouse's Occupation: _____ How Long? _____ Income: _____

Do you own or rent you home? _____ If renting, please give name of landlord. _____

Highest level of education completed: 9 10 11 12 1 2 3 4 other, please list: _____
High School College

Are you a citizen of the USA? ☐ Yes ☐ No If no, what country? _____

What languages do you speak fluently? _____

Memberships (business, professional, civic, etc.) _____

Have you ever been convicted of any misdemeanor or felony? (other than minor traffic violations) ☐ Yes ☐ No

If yes, please explain: _____

_____

Have you ever been bankrupt or reorganized due to insolvency either as an individual or principal officer of any corporation or partnership? _____

If so, name business and location? _____

Are you currently a party to any pending legal action? _____

If so, please explain: _____

Personal References

	Name	Address	Phone	Years Known
1.				
2.				

Business Experience

Present Occupation: _____ Position: _____ Salary: __ _____

Company: _____
Name Address

Please describe job responsibilities:_____ _____ _____ _

Previous Business Experience:

Dates (most recent first):	Company Name and Address:	Annual Income:
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Have you ever been self-employed? ☐ Yes ☐ No If so, explain: _____

_____

Do you currently own any other franchise? ☐ yes ☐ No

If so please list name and location: _____

State Employer or Sales Tax Number: _____

Restaurant Experience:

Do you now or have you ever owned a restaurant operation? ☐ Yes ☐ No ☐ Quick Service ☐ Full Service

If yes, list details: _____

_____

Business References

	Name	Address	Phone	Years Known
1.				
2.				
3.				

Operational Plan:

How did you become interested in Sub Station II? _____

What do you feel will be your most important contribution to your business? _____

Location Preference:
1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
City/State City/State City/State

When will you be available to open the business? _____

Do you plan to devote full-time to this business? ☐ Yes ☐ No If no, what percentage of time? _____

Do you plan to employ a full time manager? _____

Will members of your family be directly involved with the day to day operations of this business? ☐ Yes ☐ No

If yes, please list who and in what capacity. _____

_____

Will you have individuals that will participate in the ownership of this venture? ☐ Yes ☐ No
(*Each participant must submit a separate Franchise Application.*)

If yes, please provide name(s) below.

_____ Percent Ownership _____ Active _____ Investor Only _____

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Will your Sub Station II be operated as a ☐ Corporation ☐ Partnership or ☐ Sole Proprietorship?

How do you plan to finance this investment? _____

Cash _____

Loan _____

Collateral _____

How much of the franchise investment will come from your own capital? _____

AUTHORIZATION

I submit this application as my complete and true financial condition as of the date shown below. I understand that Sub Station II, Inc. is relying upon the information contained herein as a material factor in considering my application to purchase a Sub Station II franchise and that all information will be held by Sub Station II, Inc., in the strictest of confidence. I hereby agree to hold Sub Station II, Inc. harmless for any damages arising from the verification of the information contained in this application.

I hereby authorize Sub Station II, Inc. to check my character, my background, my motor vehicle record, and my financial and credit history. In accordance with the Privacy Act, Freedom of Information Act, the Fair Credit Reporting Act, and any similar federal, state or local statutory or common laws regulations, the undersigned authorizes the references, any past or present employer, any credit reporting agency, any law enforcement agency (federal/state/local) and any person, association, firm, company, financial institution, court system, personnel agency or credit bureau that has information about me to furnish and release to Sub Station II, Inc. and its representatives and affiliates, any information that is requested including, but not limited to, information concerning the business and credit history, financial transactions, civil and criminal conviction records, legal proceedings or judgments or any other record of report, and Sub Station II, Inc. my request, obtain and use such information for the purpose of conducting any necessary credit and/or background investigations. I understand that information will be made available to Sub Station II, Inc. upon which Sub Station II, Inc. may rely. If any person authorized by me provides true and accurate information to Sub Station II, Inc. about me, then to the extent that person is or would be liable to me in any way as a result of furnishing such information, I release such person from such liability.

In addition, I authorize the procurement of an investigative background search in accordance with anti-terrorism legislation, such as the USA Patriot Act and Section 1 of U.S. Executive Order 13224, issued September 23, 2001. I also certify that neither I, nor any of my funding sources, is or has ever been a terrorist or suspected terrorist, or a person or entity described in the aforementioned legislation. I understand that my application will not be approved if I have ever been a suspected terrorist or associated in any way with terrorist activities.

By signing below, I agree to the terms set forth above.

Applicant Name _____

Signature _____

Date _____

Confidential Credit Application

ANNUAL SOURCE OF INCOME:

Salary and/or Fees

Bonus and Commissions

Dividends and Interest

Real estate Income

Business Profits or Royalty Income

Notes/Accounts Receivable

Other Income (Itemize)

Total: _____

Please provide details on the following Asset Verification Schedules (*schedule numbers in parentheses*).

Assets:	$	Liabilities	$
Cash on hand and in bank	$	Notes/loans payable to banks (4)	$
Vested profit sharing	$	Notes/loans payable to friends, relatives (4)	$
Securities (1)	$	Accounts and bills due (4)	$
Bonds/debentures (2)	$	Real estate mortgages (7)	$
Notes, accounts and mortgages Receivable	$	Other debt or obligations (6)	$
Real Estate – current market value (7)	$		$
Net value of business interests (8)	$	Total liabilities	$
Other – autos, personal property, etc. (5)	$	Net worth	$
Total Assets	$	**Total liabilities and net worth**	**$**

Bank and Credit References

Please give names of banks or financial companies where accounts are carried or where credit can be obtained or verified.

Name Address Phone Years Known

1. _____

2. _____

3. _____

4. _____

5. _____

Please have a company representative contact me at: Home _____ Mobile _____

A good time to call is _____ Okay to leave message? ☐ Yes ☐ No

Verification Schedules

If additional space is needed please list on a separate sheet of paper and include it with this application.

1. **Listed Securities**

No. of Shares	Description	Pledged Yes / No	Current Market Value
			$
			$
			$
			$
			$
		Total	$

2. **Bonds/debentures**

No. of Shares	Description	Pledged Yes / No	Face Value	Current Market Value
			$	$
			$	$
			$	$
			$	$
Total				$

3. **Notes/accounts/mortgages receivable**

Debtor	Relation to Applicant	Nature of Debt	Maturity Date	Original face Value	Monthly Payment	Present Balance
				$	**$**	**$**
				$	**$**	**$**
				$	**$**	**$**
				$	**$**	**$**
Total						**$**

4. **Loans/notes/accounts payable (*excluding mortgages*)**

Lender	Account #	Nature of Debt	Secured Yes / No	Maturity Date	Original Value	Monthly Payments	Interest Rate	Present Balance
					$	**$**		**$**
					$	**$**		**$**
					$	**$**		**$**
					$	**$**		**$**
Total								**$**

5. **Other assets**
(e.g.: Stock options, cash value of life insurance, automobiles and other personal property, etc.)

Description	**Current Fair Market Value**
	$
	$
	$
	$
Total	**$**

6. **Other debts and liabilities**
(e.g.: insurance loans, alimony, child support, leases, contracts, legal claims, judgments, taxes, co-maker or guarantor, etc.)

Obligee	Description	Amount
		$
		$
		$
Total		**$**

7. **Real Estate**

Address and description of property (residential, rental, etc.)	Date Acquired	Title in name(s) of	Original Cost	Original mortgage amount	Monthly Payment	Current Market Value	Current Mortgage Balance	Net Value
			$	$	$	$	$	$
			$	$	$	$	$	$
			$	$	$	$	$	$
			$	$	$	$	$	$
Total								$

8. **Business interests**

Name of Business	**Description**	**Type** (partner., corp., sole)	**Names of all owners**	**Relation to applicant**	**Percent Equity**	**Buy/Sell Agreement yes/no**	**Valuation method (book, earnings, appraisal, agreed value)**	**Net value of your interest**
Total								$

Does your spouse or another person have any interest in any of the above assets? If yes, please explain and list assets. _____

_____

Have you acquired any of the above assets as a gift? If yes, specify assets, from whom and when acquired. _____

_____

Clear Application **Print**

Email Application

*By Clicking "Email Application" your mail folder will open, and you will need to send the application like a normal email.