



APPLICATION FOR ADDITIONAL INFORMATION

The filing of this Application does not obligate the applicant to purchase or the franchisor to sell a franchise.
(Complete in full and do not use abbreviations. Please print clearly or type.)

Date _____ Citizen of _____ Date of Birth _____
Name _____ Identification/Social Security # _____
Other names known by _____ Are you legal age in your state/province
and/or area if residence? Yes No
Have you ever been convicted of a felony? Yes No
Have you ever been associated directly or indirectly with terrorist activity's? Yes No
Telephone (Home) _____ (Fax) _____ (mobile) _____
Resident Address _____
Mailing Address _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ E-mail Address _____

Spouse's Name _____ Citizen of _____
Date of Birth _____ Identification/Social Security # _____
Other names known by _____ Is Your Spouse of legal age in your state/province
and/or area if residence? Yes No
Have you ever been associated directly or indirectly with terrorist activity's? Yes No

EDUCATIONAL BACKGROUND		
Schools Attended	Years	Grade of Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS INFORMATION (all spaces below must be completed)

Self Employed _____
Employed By _____ # of Years _____
Address _____
City _____ State/Province _____ Postal code _____
Telephone (Business) _____ Position _____
Nature of Business _____
May you be contacted at work? Yes No

REFERENCES (Excluding Relatives)		
Name	Address	Telephone # (Country & City Code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income from present occupation \$ _____ per year. Other income \$ _____ per year.

If other income, explain _____

Personal Bank(s)	Branch	Address	City & State/Province

Would this business be your sole source of income? _____

Own home or rent? _____ If own, current value \$ _____ Mortgage \$ _____

Your total assets _____ Your total liabilities \$ _____ Your net worth? _____

Amount of Financing Available \$ _____ Do you have a financing source? _____

If qualified, when would you be ready to invest in your franchise? _____

Will you be the sole owner of this business? _____

Location preference _____

If names are to be included on the Franchise Agreements, please have these individuals fill out a separate application

Estimated training date should you choose to invest: _____

I understand that the granting of a franchise is at the sole discretion of the Franchisor (San Francisco Sourdough Eatery Inc.)

I understand that any information I receive from the Franchisor or from any employee, agent, or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the procurement of an investigative consumer report and a background search as the USA Patriot Act and Executive Order 13224 enacted by the US Government. I understand that this investigation may reveal information about by background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness and job performance. I understand that upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope off the investigation. I hereby release a representative of the Franchisor, a credit bureau, security consultant, or other investigative service provider selected by the Franchisor, it's officers, agents, employees and/or servants from any liability arising from the preparation of the investigative consumer report and/or background search.

This authorization for release or information includes, but is not limited to, matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor and any of its officer's, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for an investigative consumer report and/or a background search by the above named individuals and entities. I authorize that a photocopy or facsimile of this release be considered a valid as the original.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a San Francisco Sourdough Eatery Inc. franchise from the Franchisor, exclusively by final and binding arbitration at a hearing to be administered by a neutral arbitrator in accordance with the Commercial Rules of American Arbitration Association and the be held at Coeur d'Alene, Idaho unless my local laws require otherwise. Such claims include, but are not limited to claims under federal, state, provincial or common law, such as an employment law, civil rights law, contract law and tort law.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with the anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam , unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular.

Date _____ Applicant's Signature (required) _____

Date _____ Spouse's Signature (required) _____