

YOUR APPLICATION

Business References: (provide at least three)

1 Name of Company _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

2 Name of Company _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

3 Name of Company _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

Personal References: (provide at least three)

1 Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

2 Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

3 Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____

Authorization For Release Of Personal Information:

(Applications not signed cannot be processed)

Signature of applicant _____ Date _____

I hereby attest to the financial statements contained in this confidential Okoboji Grill application. I authorize Okoboji Grill or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background or character confirmations which it deems necessary or advisable.

In connection with these financial and background investigations, I authorize Okoboji Grill Enterprises, Inc. or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and other person, firm, corporation or source. I authorize any such source to provide Okoboji Grill or its agents any and all information concerning me, and I hereby release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original.

Okoboji Enterprises agrees to maintain in confidential manner and restrict the use of any information contained or obtained in connection with this application for an Okoboji Grill franchise.

I authorize Okoboji Grill, to release to prospective financing sources any information concerning me that may be requested by them.

YOUR APPLICATION

Education: (please print)

Years of School Completed _____ Degree(s) _____

Name of Colleges _____

Describe any training in sales, management or retailing _____

Business Data:

Do you now operate or have you had experience in operating a restaurant?

If yes, explain on an additional sheet.

Yes No

Do you intend to devote yourself full-time to the day-to-day operation of an Okoboji Grill franchise?

If not, provide explanation and details about your operating partner on an additional information sheet.

Yes No

Have you (and, if applicable, any partners, officers, directors or shareholders) been subject to or convicted of any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations?

If yes, explain on an additional information sheet.

Yes No

Have you (and, if applicable, any partners, officers, directors or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in any partnership that was adjudged bankrupt or reorganized due to insolvency?

If yes, explain on an additional information sheet.

Yes No

Other Information:

Will your franchise come from your own capital?

Yes No

Are you willing to relocate?

Yes No

What date do you plan to open your first Okoboji Grill? _____

How did you learn about the Okoboji Grill franchise program? _____

After completing the entire application, please mail it to:

Okoboji Enterprises, Inc.

Attn: Director of Franchise Development

5229 NW 114th Street

Grimes, IA 50111

Have questions? Call us at (515) 986-4944

We also encourage you to visit our website at www.okobojigrill.com

YOUR APPLICATION

Geographical Location: (please print)

First Choice _____

Second Choice _____

Third Choice _____

Personal Data:

Name (First, Middle, Last) _____ Social Security #: _____

Home Address _____ How Long? _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cellular (_____) _____ e-mail _____

Business Phone (_____) _____ Fax (_____) _____ Pager (_____) _____

Date Of Birth _____ Place Of Birth _____

Marital Status _____ Spouse's Name _____

Spouse's Occupation _____ How Long? _____

Name(s) & Age(s) of children _____

Previous Address _____ How Long? _____

City _____ State _____ Zip Code _____

Employment History (Beginning with most recent) For Last 10 Years:

1. Company Name _____ From _____ To _____

Address _____

Type of Business _____

Describe responsibilities and number of employees supervised _____

2. Company Name _____ From _____ To _____

Address _____

Type of Business _____

Describe responsibilities and number of employees supervised _____

3. Company Name _____ From _____ To _____

Address _____

Type of Business _____

Describe responsibilities and number of employees supervised _____

Other Employment Information:

May we contact your present employer? _____

Employer contact _____ Phone (_____) _____

Are you a citizen of the USA? _____ If not, what country? _____

Other information which you deem relevant _____