



LA GRANJA FRANCHISE APPLICATION

We appreciate your interest in a "LA GRANJA RESTAURANTS" franchise. This application allows us to start the process immediately.

Items marked with an asterisk must be completed before sending your application.

First Name*: _____

Last Name*: _____

Social Security Number: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip Code*: _____

Date of Birth*: _____

Home Phone*: _____

Business Phone: _____

Cell Phone: _____

E-mail Address*: _____

Where do you want to open stores?

1st Choice*: _____

2nd Choice: _____

3rd Choice: _____

How many stores do you plan to open?

Over what period of time ? (in years)

Previous address of primary applicant if less than 3 years:

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Do you have previous restaurant experience? Yes No

If so, provide details. _____

Is this application for yourself and one or more partners?
Yes No

If so, please fill in their information. All partners will be required to submit financial and background information.

Second Applicant Information

First Name: _____

Last Name: _____

Social Security Number: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Date of Birth: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

When do you want to sign your first franchise agreement?

Date: _____

What is the total amount you want to invest in an Area Development contract?

Total Assets: _____

(Min. \$500 k net worth required and \$230 k liquid assets)

Total Liabilities: _____

Total Net Worth: _____

Note: You will be required to provide documentation for all assets claimed.

Please carefully read our Terms and Conditions before submitting your application. Before submitting this application please print a copy for your records.

By submitting this application you give us permission to verify the information you provided.