



TRB Franchising, LLC
5211 Bonita Ave.
Dallas, Texas 75206
Fax: 214-691-0682
Email: franchise@twistedrootburgerco.com

Franchise Application

PLEASE NOTE: Submitting this application and financial information does not obligate either the Applicant or Twisted Root in any way.

Date: _____

Personal Information

1. Full Name _____
Contact #'s (include country and area codes)
 - a. Business _____
 - b. Cell/mobile _____
 - c. Best time to be contacted _____

2. Address
 - a. Country _____
 - b. Mailing address _____

 - c. Zip code or equivalent _____
 - d. Physical address _____

- e. City/Town _____
 - f. State/province/municipality _____
 - g. Email address _____
3. Date of birth _____
 4. Social Security # _____
 5. You are a citizen of what country? _____
 6. Education:
 - a. Highest grade completed _____
 - b. Name of School _____
 - c. Location of School _____
 - d. Dates attended _____
 - e. Degree(s) obtained _____
 7. Please list 3 different reference checks that we can contact.
 Full name/ occupation/ relationship/ address/ phone #/ years known

Reference 1	_____
Reference 2	_____
Reference 3	_____

Business Experience

1. Current position/ job title _____
2. Name of Company _____
3. Address of Company _____
4. Website of Company _____
5. Type of business _____
6. Explain duties & responsibilities _____
7. Annual Income _____
8. Number of years in position _____
9. Are you an officer, director or partner of the company making this application?
 Yes/No _____
 If yes, please describe: _____
10. Are you an officer, director or partner in any other venture? Yes/No _____
 If yes, please describe: _____
11. Previous Employment (most recent prior to current position)
 - a. Employer _____
 - b. Website _____
 - c. Position/ job title _____

- d. Duties/responsibilities _____
 - e. Annual Income _____
 - f. Number of years _____
 - g. May we contact your previous employer? _____
 - h. Email address of previous immediate supervisor? _____
12. Do you have any previous restaurant experience? Yes/no _____
If yes, please describe: _____
13. Have you ever owned or been involved in a franchised food operation? Yes/no _____
If yes, please describe: _____
14. Do you have any franchise experience? Yes/no _____
If yes, please describe: _____
15. Are you now or have you ever been (either personally or business) involved in any legal action: criminal, bankruptcy, litigation, etc? yes/no _____
If yes, please describe: _____

16. List any other pertinent information you think we should know:

General Information

1. How did you come to know about Twisted Root and our franchising opportunities?

2. Why do you want to own a Twisted Root restaurant business?

3. Will this franchise be owned and operated by a group or yourself? _____
4. Will this restaurant business be your sole source of income? _____
5. Would you expect to devote your full time to this business? _____
6. If the answer to the question above is no, will you have an operating partner? _____
7. If so, who? _____
8. Will your operating partner own equity in the business? _____
9. If so, how much? _____
10. If you have no experience in the restaurant business why do you want to become involved now? _____
11. How many Twisted Root units are you interested in developing?

12. What specific area(s) are you interested in opening Twisted Root restaurants?

13. If you were awarded a Twisted Root franchise, when would you want to open?

14. Are you willing to invest in training and related costs associated with sending a team to Dallas, Texas? This would include:

General Manager (9 weeks), Kitchen Manager (7 weeks), Cook (6 weeks)

Yes/no _____

Financial Information

Personal and Corporate Financial Statement

Assets		Liabilities	
Cash on Hand and in banks	_____	Notes Payable/ Loans	_____
Securities	_____	Accounts Payable/Bills	_____
Notes Receivable	_____	Real Estate/ Mortgages	_____
Automobiles	_____	Other Debts or Obligations	_____
Real Estate-current market value	_____		
Personal Property, Furniture	_____		
Other Assets (describe)	_____		
Total Assets	_____	Total Liabilities	_____
Total Net Worth	_____		
(Total Assets minus Total Liabilities)			

Annual Sources of Income

Salary	_____
Bonus and Commissions	_____
Dividends and Interest	_____
Business Profits	_____
Real Estate Income	_____
Royalty	_____
Other Income (describe)	_____
Total Income	_____

List names of banks or finance companies where accounts are carried (attach additional sheets if necessary):

Cash Account (1)

Name/Location of Bank _____
Phone No. _____
Contact _____
Account Type _____
Account No. _____
Balance _____

Cash Account (2)

Name/Location of Bank _____
Phone No. _____
Contact _____
Account Type _____
Account No. _____
Balance _____

Cash Account (3)

Name/Location of Bank _____
Phone No. _____
Contact _____
Account Type _____
Account No. _____
Balance _____

Real Estate Holding (1)

Location/Description _____
Market Value _____
Monthly Income _____
Titled To _____
Original Amount _____
Balance _____

Real Estate Holding (2)

Location/Description _____
Market Value _____
Monthly Income _____
Titled To _____

Original Amount _____
Balance _____

Life Insurance (1)

Company _____
Policy No. _____
Face amount _____
Cash Value _____
Loans, if any _____

Life Insurance (2)

Company _____
Policy No. _____
Face amount _____
Cash Value _____
Loans, if any _____

Life Insurance (3)

Company _____
Policy No. _____
Face amount _____
Cash Value _____
Loans, if any _____

Securities/Investment (1)

Name of Issuer _____
No. of shares _____
Par Value _____
Market Value _____
Total Value _____
Pledged _____
Where Traded _____
Name Reg. _____

Securities/Investment (2)

Name of Issuer _____
No. of shares _____
Par Value _____
Market Value _____
Total Value _____

Pledged _____
Where Traded _____
Name Reg. _____

Securities/Investment (3)

Name of Issuer _____
No. of shares _____
Par Value _____
Market Value _____
Total Value _____
Pledged _____
Where Traded _____
Name Reg. _____

Notes Payable/Loans (1)

Name/Address of Maker _____
Original Amount _____
Maturity Date _____
Present Balance _____
Collateral, if any _____

Notes Payable/Loan (2)

Name/Address of Maker _____
Original Amount _____
Maturity Date _____
Present Balance _____
Collateral, if any _____

Notes Payable/Loan (3)

Name/Address of Maker _____
Original Amount _____
Maturity Date _____
Present Balance _____
Collateral, if any _____

Business Interests:

Name of Business _____
Description _____
Type (partner, corporation, sole) _____ Ownership Percentage % _____
Relation to applicant _____ Percent Equity % _____

Buy/Sell agreement: yes/no _____ Net Value of your interest \$ _____

Valuation method: _____

(book, earnings, multiple, appraisal, agree value)

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Description _____

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(book, earnings, multiple, appraisal, agree value)

I certify that all information proved on this application to be true and correct. I understand that Twisted Root may verify all data given in this request for consideration. I authorize Twisted Root to undertake any investigation, credit, background and character checks which it deems necessary. I release from liability any person giving or receiving any such information. I understand that falsification of any information in this application may be the basis for termination of the franchise approval process.

Name: _____

Signature : _____

Date: _____