



CODY'S RESTAURANT SYSTEM, LLC

Confidential Initial Franchise Application

Thank you for your initial inquiry about our franchise opportunity. The information you provide us will assist in determining if you qualify to become a franchisee of Cody's Original Roadhouse®. All information will be held in strict confidence. The completion of this form will not obligate you, your co-applicant, or Cody's Restaurant System, LLC (CRS) in any manner.

PERSONAL INFORMATION

Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Office Phone _____ Cell Phone _____
Preferred Phone Contact Number & Time to call (select one): Home Office Cell
E-Mail Address _____

CO-APPLICANTS

Please identify all partners and enclose a copy of this form completed by each partner.

APPLICANT EDUCATION AND EMPLOYMENT INFORMATION

Name of Schools Attended, Address, Degrees Earned, Years Attended and Major Subjects:

Employment History (please attach resume)

Describe your most recent two occupations (indicate if self-employed):

Present Position _____	From _____	To _____
Company Name/Location _____		
Type of Business _____		
Your Responsibilities _____		
Previous Position _____	From _____	To _____
Company Name/Location _____		
Type of Business _____		
Your Responsibilities _____		

BUSINESS AND MANAGEMENT

Do you have restaurant or retail management experience? Yes No

If yes, explain: _____

Please Note: A management person with restaurant/retail management experience will be required.

Have you ever been a franchisee of any other company? Yes No

If so, what company and dates? _____

Do you plan to be the full-time operator/manager of this business? Yes No

What in your background or experience qualifies you to become a *Cody's Original Roadhouse* franchisee?

Desired date to open first location: _____

Are you interested in multi-location development? Yes No

How will the CRS franchise help you in achieving your business and personal goals?

CURRENT BUSINESS INFORMATION

Note: Complete this section if an existing business entity will be proposed as the franchisee.

Business Name _____

Address _____ City _____ State _____ Zip Code _____

Office Phone _____ E-mail _____

Contact Person & Title _____

Phone Number/Extension _____ E-Mail Address _____

Nature of current business? _____

Is your company currently involved in the foodservice or retail industry? Yes No

If yes, please describe: _____

Does the business entity have an affiliation with any other franchise? Yes No

If yes, please explain: _____

Describe your goals for your proposed *Cody's Original Roadhouse®* business: _____

SITE INFORMATION

Do you own or control property you would like to have considered for development? Yes No

If yes, location preferred:

First Choice Address _____ City _____ State _____ Zip Code _____

Second Choice Address _____ City _____ State _____ Zip Code _____

If you do not own or control property, what is your geographic preference? _____

FINANCIALS

The source and amount of available liquid assets and the amount of equity to be invested in the development of a new restaurant project is an important consideration. CRS has established minimum requirements in both of these areas for each concept. The actual equity necessary for a project may be greater depending upon lender requirements, etc. The current minimum requirements by concept per location are:

	<u>Net Worth</u>	<u>Liquid Assets</u>	<u>Required Equity</u>
Cody's Original Roadhouse	\$2,000,000	\$1,000,000	\$1,000,000

Please Note: Retirement accounts are not considered liquid assets and may not be used in the calculation of Liquid Assets or the Required Equity.

Assets	\$	Liabilities	\$
Cash in Bank Accounts	\$	Notes Payable - Car Loan	\$
Liquid Assets, Stocks, Bonds	\$	Notes Payable - Other	\$
RRSP's / 401K	\$	Average Credit Card Balance	\$
Real Estate - Home	\$	Mortgage on Home	\$
Real Estate - Other	\$	Mortgages on Other Real Estate	\$
Other Assets, Explain	\$	Other Liabilities	\$
Total Assets	\$	Total Liabilities	\$

Other Assets, Explain: _____

Net Worth (Assets - Liabilities): \$ _____

OTHER INFORMATION

How did you become aware of this franchise opportunity?

- | | |
|--|--|
| <input type="checkbox"/> Magazine ____ (which one) | <input type="checkbox"/> Restaurant Visit |
| <input type="checkbox"/> Trade Show ____ (which one) | <input type="checkbox"/> Internet ____ (Cody's Website or other) |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Other ____ |

Additional information or comments that you might like to share with us in evaluating your consideration for a *Cody's Original Roadhouse®* franchise: _____

The undersigned certifies that the information contained in this Confidential Initial Franchisee Application is accurate and complete to the best of their knowledge. I hereby authorize CRS, LLC. or its authorized agent to verify any of the above information. It is understood that the purpose of this evaluation report is to assess the viability of the applicant as a Cody's Original Roadhouse® Franchisee.

Applicant Signature: _____ Date: _____

TO SUBMIT YOUR COMPLETED CONFIDENTIAL INITIAL FRANCHISE APPLICATION:

E-Mail: franchise@codysoriginalroadhouse.com
 Fax: (727) 724-8499
 Mail: CODY'S RESTAURANT SYSTEM, LLC
 Attn: Franchise Development
 2430 Estancia Boulevard, Suite 106, Clearwater, FL 33761

For any additional information call us at (727) 799-9972