



REQUEST FOR CONSIDERATION

This form may be filled out electronically or by hand.
Only forms that have been filled out completely will be considered.
To complete the form electronically, click on the blanks to type
your information. When finished print, sign, and mail to
the address included at the end.



Date _____

Personal Data

Name (first, middle, last) _____

Home address _____ Social Security # _____

City, state, zip _____

Home phone _____ Cell phone _____ E-mail _____

Business phone _____ Fax _____

Spouse's name _____ Spouse's occupation _____ How long? _____

Are you a US Citizen? Yes No If not, what country? _____

Education

Name of high school _____ Years completed _____

Name of college _____ Degree _____

Name of college _____ Degree _____

Describe any training in sales, management or retailing _____

Employment history for the last 10 years (beginning with most recent)

Company name _____ From _____ To _____

May we contact this employer? Yes No Contact name _____ Phone _____

Address _____

City, State, Zip _____

Type of business _____ # of employees supervised _____

Describe responsibilities _____



Employment history for the last 10 years (continued)

Company name _____ From _____ To _____

May we contact this employer? Yes No Contact name _____ Phone _____

Address _____

City, State, Zip _____

Type of business _____ # of employees supervised _____

Describe responsibilities _____

Company name _____ From _____ To _____

May we contact this employer? Yes No Contact name _____ Phone _____

Address _____

City, State, Zip _____

Type of business _____ # of employees supervised _____

Describe responsibilities _____

Company name _____ From _____ To _____

May we contact this employer? Yes No Contact name _____ Phone _____

Address _____

City, State, Zip _____

Type of business _____ # of employees supervised _____

Describe responsibilities _____



Personal Financial Statement

Assets

Cash on hand and in banks \$ _____

U.S. government securities \$ _____

Trade accounts and loans receivable \$ _____

Life insurance - (cash surrender value) \$ _____

Stocks and bonds - (marketable and non- marketable) \$ _____

Real estate \$ _____

Automobiles - market value \$ _____

Other assets, property or investments (itemize below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Assets \$ _____

Liabilities

Notes payable to banks - (secured and unsecured) \$ _____

Notes, loans, advances, accounts payable to others \$ _____

Credit card debt \$ _____

Other debts (itemize below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Liabilities \$ _____

Net Worth

Total Assets \$ _____

Less Total Liabilities \$ _____

Net Worth \$ _____

Annual Sources of Income

Salary \$ _____

Bonus and commissions \$ _____

Dividends and interest \$ _____

Real estate income \$ _____

Business profession income \$ _____

Other income (itemize below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income \$ _____



Other Information

Have you ever been to an Iggys Sports Grill? _____ If yes, where? _____

And how was the experience? _____

If accepted, where and when would you like to open an Iggys Sports Grill? _____

Would you like to open multiple restaurants? If yes, in what region of the country? _____

Do you intend to operate the business yourself? _____

Will you be the sole owner of the business? _____

Have you ever owned any kind of franchise before? _____ If yes, please explain _____

Do you now, or have you ever, operated a restaurant? _____

If yes, please explain _____

If you have any other comments that would help us in our decision-making process, please provide them below _____

Also, please provide any additional sources of information that may assist us in our decision-making process, such as a resume, personal financial statement, tax returns, or letters of recommendation.

Our receipt of your Franchise Application should not be considered as the offer or granting of a franchise. We offer franchises ONLY through a Uniform Franchise Offering Circular, which we will send to you upon receipt of your signed Franchise Application only if we believe you may qualify for an Iggys franchise. We grant franchises ONLY by executing a written franchise agreement.

Date Print name (first, middle initial, last) Signature in ink

Date Print spouse name (First, middle initial, last) Signature in ink



Authorization for release of personal information.

Applications not signed cannot be processed.

I hereby attest to the accuracy of the information contained in this confidential application. I authorize Iggy's Sports 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.

Signature of applicant _____

Date _____

After completing the entire application, please mail it to:

Iggy's Corporate Office
344 North Main Street
Layton, Utah 84041

Or fax it to: 801.546.2489

Have questions?

Call us at 801.546.2488

Or e-mail us at: corporateoffice@iggysportsgrill.com

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

This is not a franchise offering. The franchise offering is made by prospectus only.