

DA # _____

Franchisee Application Form



Personal Profile

Name: _____

Date: _____

Preferred Area #1: _____

Preferred Area: #2 _____

Preferred Area: #3 _____

**Number of
Proposed Restaurants:** _____



Application Checklist

Please use this checklist to insure your Application can be processed. All items listed below should be returned to Checkers for processing.

Franchise Application Form & Personal Profile

Background Release Form

Substantiating Financial Information Listed on the 'Financial Information Submission' Sheet (Must substantiate Minimum Requirement for Liquid Cash of \$250K) ***Please supply all financial backup documentation.***

Franchise Disclosure Document (FDD) - Item 23

(FDD must be acknowledged as received before any formal documents can be signed)

PERSONAL PROFILE

CONFIDENTIAL

***This application does not obligate either party in any manner
Please complete the following for each applicant signing the Franchise Agreement**:*

Date Submitted: _____ e-mail address: _____

Name: _____ Spouse: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ May we contact you here? Yes _____ No _____

Business Phone: _____ May we contact you here? Yes _____ No _____

Cell Phone: _____ Social Security Number _____

Driver's License Number: _____ Date of Birth: _____

Are you, or any member of your family, or any proposed partner in this venture, currently or have you ever been employed by Checkers/Rally's, or related to any franchisee, supplier or vendor or Checkers/Rally's or any subsidiary or company affiliated with any of the above? Yes _____ No _____

If yes, please list employer, duties and/or name of relative: _____

How did you learn about Checkers/Rally's? _____

Business Background - minimum of 10 years

Company: _____ Type of Business: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates: From: _____ To: _____ Salary: _____

Company: _____ Type of Business: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates: From: _____ To: _____ Salary: _____

Company: _____ Type of Business: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates: From: _____ To: _____ Salary: _____

Company: _____ Type of Business: _____

Address: _____

Position Held: _____ Supervisor: _____

Dates: From: _____ To: _____ Salary: _____

Questionnaire

Do you currently own a franchised food operation?: Yes _____ No _____

If Yes, name the franchisor: _____

Location of the food operation: _____

Have you ever owned a franchised food operation?: Yes _____ No _____

If yes, name the franchise and the manner in which you left the system: _____

Please describe if you have, if any, constraints through an arrangement or contract that would interfere in becoming a franchisee of Checkers/Rally's? _____

Have you, or any business entity in which you have owned an interest, been involved in bankruptcy, insolvency proceedings or compromise with creditors? Yes _____ No _____

If yes, please provide complete details: _____

Are you a party, either as a plaintiff or as a defendant, to any lawsuits, litigation or legal actions?: Yes _____ No _____

If yes, please describe: _____

Will you be able to devote full time to this business? Yes _____ No _____

If no, indicate how you will divide your time: _____

Will members of your family be directly involved with the day-to-day operations of this business? Yes _____ No _____

If yes, please identify who, their capacity and previous work experience: _____

Proposed Partners

Partners or any associates who will join you in this venture must also complete one of these forms. Partners or equity contributors who will be signing the Franchise Agreements or Development Agreements must also sign a Franchise Disclosure Document - Item 23 Receipt.

Last name: _____

First name: _____

Middle: _____

Occupation: _____

Percent of Ownership: _____

Phone: _____

Will your partner devote full time to this business: Yes _____ No _____

Last name: _____

First name: _____

Middle: _____

Occupation: _____

Percent of Ownership: _____

Phone: _____

Will your partner devote full time to this business: Yes _____ No _____

Last name: _____

First name: _____

Middle: _____

Occupation: _____

Percent of Ownership: _____

Phone: _____

Will your partner devote full time to this business: Yes _____ No _____

Last name: _____

First name: _____

Middle: _____

Occupation: _____

Percent of Ownership: _____

Phone: _____

Will your partner devote full time to this business: Yes _____ No _____

Financial Information

Assets

Cash on Hand and Unrestricted:
(Total Liquid Cash Minimum \$250,000) _____

Stock in your business: _____

Public stocks, bonds securities: _____

Real estate, your residence: _____

Other real estate (M/V): _____

Accounts, Notes Receivables (list
separate page): _____

Personal possessions: _____

Other assets: _____

Retirement accounts: _____

TOTAL ASSETS _____

Liabilities

Notes Payable _____

Mortgages Payable _____

Accounts, Notes & Loans Payable _____

Other Liabilities _____

TOTAL LIABILITIES: _____

TOTAL NET WORTH _____

Annual Income

Salary: _____

Spouse's Salary _____

Bonus: _____

Interest & Dividends _____

Commission: _____

Other Income: _____

General Information

Are you planning on financing with a lending institution? Yes ____ No ____
If yes, please specify _____

Source of Liquidity :

Are you a co-signor, guarantor or endorser to any obligations? Yes ____ No ____

If yes, please provide relationship and amount(s): _____

List any other commitments or contingent financial liabilities not listed above including leases:

SIGNATURE: _____

DATE: _____

Either using a separate schedule or the attached Supplementary Schedules you will need to provide a more detailed breakdown of your assets and liabilities.

Supplementary Schedules

1. Banking Activity

Bank Name	City/State	Cash Assets	Loan Liabilities	Monthly Payments
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2. Publicly Traded Stocks, Bonds & Securities

Number of shares of stock and Face Value of Bonds (List Separately)	Description	Present Market Value
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3. Real Estate

Type of Property	Location	Original Cost	Market Value	Mortgages Liens	Monthly Payments
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4. Accounts, Notes and Loans

(Payables and Receivables - identify which)

Amount	Nature of Transaction	Receivables Due	Payables Due
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5. Other Assets/Liabilities

Description	Estimated Cash Value	Amount of Liability
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FRANCHISE APPLICATION RELEASE FORM

In connection with my application, I understand that investigative background inquiries may be made on my consumer credit, including criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, education, work habits, performance and experience. Further, I understand that you may request information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agencies contacted to furnish any requested information and release all parties involved from any liability and responsibility for doing so. I hereby consent to Checkers Drive-In Restaurants, Inc. requesting and obtaining any information through *Employers Reference Source and/or any of their licensed agents* or directly from any source(s) with the ability to furnish such information. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature: _____ Date: _____



PRINT ALL INFORMATION

Name: _____ Social Security Number: _____

Sex: _____ Date of Birth: _____ (DOB required for criminal record search)

Driver's License Number: _____ State: _____

ADDRESSES FOR THE PAST SEVEN (7) YEARS:

Current Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Former Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____

Please use the back of this form to list additional former addresses, if needed.

CPA NAME
CPA ADDRESS
CPA PHONE NUMBER
CPA FAX NUMBER

Today's Date

To whom it may concern:

I/We are the accountants for *Candidate1* and have been for *XX* years.

The purpose of this memo is to verify that as of this date, *Candidate1* owns liquid assets of at least \$*XX* and has a total net worth of at least \$*XX*.

Please call me if you have any questions.

Sincerely,

CPA Signature

CPA Name

EXHIBIT A
FRANCHISE APPLICATION

CHECKERS DRIVE-IN RESTAURANTS, INC.
APPLICATION FOR FRANCHISE

The undersigned (“Applicant”) hereby applies for a franchise for the operation of a Checkers Drive-In Restaurant to be located at the following location: _____

_____ (the “Preferred Site”).

Concurrently, Applicant shall pay Checkers Drive-In Restaurants, Inc., (“the Company”) an application processing fee of \$1,000. The application fee is a fully earned payment and non-refundable. Applicant acknowledges and agrees that the Company has granted no rights whatsoever to the Applicant with respect to the Preferred Site, except as specifically set forth herein.

The Company agrees that for the period during which the application is being reviewed (beginning on the date hereof and continuing through the date Checkers notifies Applicant that the application has been approved or denied), the Company will not enter into an agreement with any other franchisee to develop a Checkers Restaurant on the Preferred Site. Applicant may simultaneously submit a completed site application form for the Preferred Site or do so within thirty (30) days after the franchise application is approved. If a completed site application form is not submitted within said thirty (30) days, the application will be deemed withdrawn by the Applicant. The Company agrees that it will not enter into an agreement with another franchisee for development of a Checkers Restaurant at the Preferred Site within the referenced thirty (30) day period. The site application form must be accompanied by a \$4,000 site application fee, which is refundable only if the Company denies the application for a Checkers Drive-In Restaurant at the Preferred Site.

If the franchise application is denied, Applicant acknowledges and agrees that the Company has granted no rights whatsoever to the Applicant with respect to the Preferred Site, and that the Company may own and operate, and grant to others the right to own and operate, a Checkers Restaurant at or near the Preferred Site.

Applicant represents and warrants that the information contained in this franchise application is true and correct and fairly reflects Applicant’s financial position as of the date hereof. Applicant also represents and warrants that his/her assets, property or interests are not “blocked” under any law or regulations relating to terrorist activities, and he/she is not otherwise in violation of any such laws or regulations.

Applicant understands that the Company has the right to deny this application if any of the following events occur:

1. The Company determines that the information in this franchise application is not true and correct or does not fairly reflect the financial condition of the Applicant, or that the Applicant is not financially qualified to purchase a Checkers Drive-In Restaurant franchise.

The effective date of this application is the date it is acknowledged by the Company.

APPLICANT(S):

(Signature)

(Signature)

(Print Name)

(Print Name)

ACKNOWLEDGED this ____ day of _____, _____.

CHECKERS DRIVE-IN RESTAURANTS, INC.

By: _____

Name: _____

Title: _____