



2005 St. John Ave, P.O. Box 1210 Dyersburg TN 38024
731-285-3026 fax 731-286-5283

Application for Additional Information

The filing of this Application does not obligate the applicant to purchase or the franchiser to sell a franchise. (Complete in full and do not use abbreviations. Please print clearly or type.)

Date ___/___/___ Citizen of _____ Date of Birth ___/___/___
 Name _____ Id / Social Sec. # _____
Last First Middle
 Other Names Known By _____ Over 18 yrs old yes no
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone (____) ____-____ Fax (____) ____-____ Mobile (____) ____-____
 County _____ Email Address _____
 Have you ever been convicted of a felony? yes no If yes please explain

Spouse's Name _____ ID /Social Sec. # _____
Last First Middle
 Other Names Known By _____ Date of Birth ___/___/___
 Over 18yrs yes no Email Address _____
 Have you ever been convicted of a felony? yes No If yes please explain

Educational Background		
Schools Attended	Years	Grade/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Information
(All spaces below must be completed)

Self Employed
 Employed By _____ No. of Years _____
 Address _____ Phone (____) ____-____
 City _____ State _____ Zip Code _____
 Position _____ Nature of Business _____

 May you be contacted at work yes no Times : _____

Initials



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References (excluding relatives)		
Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Information		
Present Annual Income \$ _____	Other Income \$ _____	
Personal Bank _____	Branch _____	Address _____
_____	_____	_____
_____	_____	_____

Specific Data	
Would this business be your sole source of income? <input type="checkbox"/> yes <input type="checkbox"/> no	
Own home or Rent? <input type="checkbox"/> Rent <input type="checkbox"/> Own If own, Value \$ _____ Mortgage \$ _____	
Your Total Assets \$ _____ Your Liabilities \$ _____ Net Worth \$ _____	
Cash Available for investment \$ _____ Do you have a financing source? <input type="checkbox"/> yes <input type="checkbox"/> no Amount of Financing Available \$ _____	
If qualified, when would you be ready to invest in your Franchise? ___/___/_____	
Would you be the sole owner of this business? <input type="checkbox"/> yes <input type="checkbox"/> no	
If names are to be included on the Franchise Agreements, please have these individuals fill out separate applications.	
Estimated training date should you choose to invest ___/___/_____	
Location Preference _____	

Initials _____



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I understand that the granting of a franchise is at the sole discretion off the Franchisor (Jack's Old South LLC)

I understand that any information that I receive from the Franchisor of from any employee, agent or franchisee of the Franchisor is highly confidential (Confidential Information). Confidential Information has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation, or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the procurement of an investigative consumer report and background search in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government. I understand that this investigation may reveal information about my background, character, general reputation, and mode of living, association with other individuals or entities, creditworthiness and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and or servants from any liability arising from the preparation of the investigative consumer report and / or background search.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, and association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other consultant or other investigative service provider to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and / or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization / release shall apply to this as well as any future request for investigative consumer report and / or background search by the above name individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or a candidacy for the grand of a Jack's Old South BBQ franchise or Franchisor, exclusively by final and binding arbitration at a hearing to be administered by a neutral arbitrator in accordance with the Commercial Rules of the American Arbitration Association and to be held at Dyersburg, TN, USA unless my local laws require otherwise. Such claims include but are not limited to, claims under federal, state, provincial or common law, such as employment law, civil wrights law, contract law and tort law.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English Exam, unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular.

I have read this disclaimer.

Date ____/____/____ Signature (required) _____

Date ____/____/____ Signature (required) _____