



## Personal Profile Application

In order to properly evaluate all applicants for franchise opportunities, it is important that each applicant provide us with all of the following information. Please complete carefully and accurately all information requested and attach any additional information such as a resume, financial statements, or letters of recommendation that will assist us in evaluating your application. All information will be treated as confidential and does not obligate either party.

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Years at address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of birth \_\_\_\_\_

Work Number \_\_\_\_\_ Home Number \_\_\_\_\_

Mobile Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Your Social Security # \_\_\_\_\_ Spouse's Social Security # \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Obtained \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Obtained \_\_\_\_\_

School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Obtained \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you a party to any legal action? If yes please explain \_\_\_\_\_

\_\_\_\_\_

How much time will you devote to the business? \_\_\_\_\_

Do you have any particular locations or areas in mind? \_\_\_\_\_

### Business Experience

Current employer \_\_\_\_\_ Years of service \_\_\_\_\_

Title \_\_\_\_\_ Annual Salary \_\_\_\_\_ Bonus \_\_\_\_\_

Explain duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employers	Employer, Title, Responsibilities	Annual Income
--------------------	-----------------------------------	---------------

_____ to _____	_____	_____
----------------	-------	-------

_____ to _____	_____	_____
----------------	-------	-------

_____ to _____	_____	_____
----------------	-------	-------

Do you have any previous restaurant or fast food experience? If yes, explain \_\_\_\_\_

Personal Profile Continued

ASSETS

Cash on hand/in bank \$ \_\_\_\_\_  
 Securities \$ \_\_\_\_\_  
 Receivables \$ \_\_\_\_\_  
 Notes Receivable \$ \_\_\_\_\_  
 Automobiles \$ \_\_\_\_\_  
 Personal Property \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Life Ins. (cash value) \$ \_\_\_\_\_  
 Other Assets \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Assets \$ \_\_\_\_\_

LIABILITIES

Notes Payable \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_  
 R.E. Mortgages \$ \_\_\_\_\_  
 Accts. Payable \$ \_\_\_\_\_  
 Due on Autos \$ \_\_\_\_\_  
 Other Debts \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Liabilities \$ \_\_\_\_\_  
 Net Worth \$ \_\_\_\_\_

ANNUAL SOURCES OF INCOME

Salary \$ \_\_\_\_\_ Bonuses \$ \_\_\_\_\_  
 Dividend Income \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_  
 Interest Income \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_  
 Business/Professional \$ \_\_\_\_\_ Royalties \$ \_\_\_\_\_  
 Other (Describe) \$ \_\_\_\_\_ Total Income \$ \_\_\_\_\_

CASH ACCOUNTS

Name/Location	Phone #	Contact	Type of Acct.	Acct#	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

REAL ESTATE HOLDINGS

Locale/Description	Market Value	Monthly Income	Original Amt.	Current Balance	Monthly Pymt.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIFE INSURANCE POLICY

Company	Policy Number	Face Amount	Cash Values	Loan, if any	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECURITIES/INVESTMENTS

Issuer	# of Shares	Par Value	Market Value	Total Value	Where Traded
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTES PAYABLE/LOANS

Lender	Original Amt.	Maturity Date	Current Balance	Collateral
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information I have provided to Blue Moon Franchises, LLC is true and correct. I authorize Blue Moon Franchises, LLC to verify the information I have provided on this and any attached forms including but not limited to acquiring a credit verification report from a credit agency I hold Blue Moon Franchises, LLC harmless for any damages arising from the verification of this or other information I have provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Blue Moon Mexican Cafe, P.O. Box 92, Wyckoff, NJ 07481  
 Fax to: (201) 891-8484