



Preliminary Request for Consideration

(Please Type or Print)

PERSONAL INFORMATION Date: _____

Name: _____

Age: _____

Residence

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: (____) _____ Marital Status: _____

Number and ages of children: _____

Spouse's Name: _____

Email: _____

EDUCATION

Institution: _____ Did You Graduate? _____

Date Graduated: _____

Degree _____

Other: _____

BUSINESS EXPERIENCE

Current Employer: _____

Business Address: _____

City: _____ State: _____

Zip: _____

Phone: (____) _____

Type of Business: _____

Length of Employment: _____

Position: _____

Previous Employer: _____

Business Address: _____

City: _____ State: _____

Zip: _____

Phone: (____) _____

Type of Business: _____

Length of Employment: _____

Position: _____

Spouse's Employer: _____

Business Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____

Type of Business: _____

Length of Employment: _____

Position: _____

Spouse's Previous Employer: _____

Business Address: _____
City: _____ State: _____
Zip: _____
Phone: (____) _____ Type of
Business: _____
Length of Employment: _____
Position: _____
Memberships and Affiliations: _____

FINANCIAL INFORMATION

Approximate Income: \$ _____ Spouse's: \$ _____ Approximate Net
Worth: \$ _____
Approximate Cash Available for Investment: \$ _____
I understand that any associates who join me in the ownership of the franchise must also complete a
Preliminary Application. Please send forms to:
Name _____
Address _____
Phone _____
Do you presently: Own or Rent House Condo or Apt. ?
Approx. Equity in Home: _____
Do you have a source of financing for this investment? Yes No
Source(s): _____
My Primary Bank: _____
Address: _____
City: _____ State: _____
Zip: _____
Person to Contact: _____
Additional Pertinent Information: (attach separate sheet, if
necessary): _____

I understand that a more complete financial statement will be required prior to the sale of a DePalma's
Italian Café Franchise.

GENERAL INFORMATION

By what date do you wish to open your franchise? _____
What City/Area(s)? _____

Are you willing to relocate? Yes No If yes, to what area(s)? _____

General remarks and/or questions: (attach separate sheet, if necessary)

I understand that your receipt of this data or any other information obligates neither me nor DePalma's
Restaurant Franchising, LLC and that this information is confidential.

By: _____ Date: _____
(Signature of Applicant)