



Olson Franchise Group, LLC Franchise Application Request

This is an application to become a Franchisee of Alfy's Pasta, Salads, Pizza and Sandwiches Restaurants. If there will be more than one (1) party in this business venture, we respectfully ask that EACH individual involved in the business complete an application. All information provided herein must be current within that last thirty (30) days and will be held in strict confidentiality. Submission of this application does not oblige either party in any manner.

(please print legibly)

Full Name _____

Home Phone # _____

Business Phone # _____

Address _____

City & State _____

Postal / Zip Code _____

Yrs at this address _____

Own or Rent _____

Previous Address _____

City and State _____

Postal / Zip code _____

Yrs at this Address _____

Own or Rent _____

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Citizenship _____

S.I.N. _____

Driver's License _____

Current Employment or Current Business _____

Type of Business _____

Position _____

Years at Position _____

Address _____

City & State _____

Postal / Zip Code _____

Business Phone _____

Annual Income _____

Spouse Full Name _____

Dependants Age ____ Age ____ Age ____ Age ____ Age ____

Spouse Current Employment or Current Business

Type of Business _____

Yrs at Position _____

Address _____

City and State _____

Postal / Zip Code _____

Business Phone _____

Annual Income _____

Will Spouse be working in Alfy's Franchise ? Yes No (circle one)

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Applicant Education

Last Year of High School Completed: _____
High School Attended _____

Community College Attended _____
of Years / Degree Received _____

Major College / University Attended _____
of Years / Degree Received _____

Describe any experience in sales, marketing, management, retailing or food service
you bring to Alfy's;

Please list your TOP 5 reasons for wanting to own and operate your own Alfy's;

1/ _____ + _____

2/ _____

3/ _____

4/ _____

5/ _____

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Please List your TOP 5 'concerns' you have in regards to owning your own business;

1/ _____

2/ _____

3/ _____

4/ _____

5/ _____

Will you devote 'full time' to your Alfy's Franchise ? Yes or No (circle one)

Please List your TOP 2 Location Preferences;

1/ _____

2/ _____

When would you like to open your First Alfy's Location ?

Financial Information

Estimated Total Net Worth \$ _____

*** Note ~ Personal Financial Statement will be necessary at a certain point

Amount of cash available for Alfy's Investment \$ _____

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Source(s) of Funds _____

If additional funds are required for this business investment, are they available to you ? Please explain;

Olson Franchise Group, LLC dba Alfy's Pasta, Salads, Pizza and Sandwiches, does not guarantee the the financial performance of any franchise or franchised restaurant. The decision to become an Alfy's Franchisee and to open and Alfy's Franchise outlet must be based on Franchisee's independent research and analysis. Olson Franchise Group, LLC, dba Alfy's Pizza is not liable for any representation made by an Olson Franchise Group, LLC, employee with respect to real estate, financial, operations or marketing performance.

The signature below authorizes the release and verification of credit and personal information to Olson Franchise Group, LLC., for an Alfy's Pizza Franchise.

Dated: _____

Signature: _____