Franchise Application

In order to properly evaluate all applications for franchise opportunities, it is important that you provide us with all necessary information. Please complete carefully and accurately all the information requested and attach any additional information such as a resume, financial statement, 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.

Principal Applicant _____ Today's Date _____

Physical Address _____ # of years at this address _____

City,State/Zip _____

Telephone _____ Date of Birth _____

(Area Code) Home (Area Code) Mobile

Fax _____ Email _____

Spouse's Name _____

Social Security Number Applicant One: Spouse:

School _____ Date Attended _____ Degree Obtained _____

School _____ Date Attended _____ Degree Obtained _____

How did you hear about us? _____

Are you currently a party to any legal action? If YES, explain

_____

Is this a New or an Existing location you are interested in?

If New what is the City & State of interest?

If an Existing location what is the City & State of interest?

_____

How much time will you devote to the business? _____

Store Location: _____

Do you have any interest in any of the other Kahala franchises? _____

BUSINESS EXPERIENCE

Current Employer _____ No. Years _____

Position _____ Annual Salary _____ Bonus _____

Explain Duties and Responsibilities _____

_____

_____

Previous Experience			Employer, Title, Responsibilities	Annual Income
	To			
	To			
	To			

Do you have any previous restaurant or fast food experience? If YES, explain _____

_____

_____

REFERENCES

Please list the following references: 1-Personal, 2-Business

Name Address Phone No. Years Known

_____

_____

_____

ASSETS		LIABILITIES	
Cash on hand/in Banks	$	Notes Payable/Loans	$
Securities Annual Salary	$	Real Estate Mortgages	$
Receivables, Notes	$	Accounts Payable/Bills	$
Automobiles	$	Due on Automobiles	$
Personal Property, Furniture	$	Other Debts, Obligations	$
Real Estate	$	List	$
Life Insurance (cash value)	$	. . . . .	$
Other Assets	$	. . . . .	$
. . . . .	$		
Total Assets	$	Total Liabilities	$
		Total Net Worth	$

ANNUAL SOURCES OF INCOME			
Salary	$	Bonus and Commissions	$
Dividends and Interest	$	Real Estate Income	$
Business, Professional	$	Royalty	$
Other Income (describe)	$		
	$	Total Income	$
	$	Total Net Worth	$

CASH ACCOUNTS

Name/Location of Bank	Phone No.	Contact	Type Account	ID No.	Balance

REAL ESTATE HOLDINGS

Location Description	Market Value	Monthly Income	Title in Name of	Original Amount	Present Balance	Payment Schedule

LIFE INSURANCE POLICIES

Company	Policy Number	Face Amount	Cash Values	Loan, if Any	Beneficiary(s)

SECURITIES/INVESTMENTS

Name of Issuer	Number of Shares	Par Value	Market Value	Total Value	Where Traded	Pledged (Yes/No)	Name Reg. In

NOTES PAYABLE/LOANS

Name/Address of Maker	Original Amount	Maturity Date	Present Balance	Collateral, if Any

I certify that the information I have provided to Kahala Corp.is true and correct. I authorize Kahala Corp 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, acquiring a back ground check from a registered state agency and to contact the following references and other sources for information about me. I release Kahala Corp, its affiliates, agents and employees from any liability arising either from the receipt or use of any information obtained through these sources.

Signature _____ Date _____

Upon completing form, please fax, email or send to:

Fax:
480-362-4310 New Locations Dept
480- 362-4792 Transfer Dept

Email:
New Locations
dmclifford@kahalacorp.com

Transfer Locations
elfelice@kahalacorp.com

Mail:
Kahala c/o Franchisee Development
9311 E. Via de Ventura
Scottsdale, AZ 85258