

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 | Home | Mobile | Date of Birth |
| (Area Code) | | (Area Code) | |

| | |
|-----|-------|
| 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 Liabilities | \$ _____ |
| Total Assets | \$ _____ | 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