



4029 W. South Ave.  
 Tampa, FL 33614  
 (813) 879-6233  
[www.mrempanada.com](http://www.mrempanada.com)

### Application for Additional Info.

Completing this Application does not obligate the applicant to purchase, or the franchisor to sell a franchise.

Date \_\_\_\_\_ Citizen of \_\_\_\_\_ Date of Birth \_\_\_\_\_

**NAME** \_\_\_\_\_ **Identification/**  
LAST First Middle Social Security # \_\_\_\_\_

Other names known by \_\_\_\_\_ Are you of legal age? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been associated directly or indirectly with terrorist activities? Yes \_\_\_ No \_\_\_

Telephone (Home) \_\_\_\_\_  
 \_\_\_\_\_ FAX \_\_\_\_\_ Mobile \_\_\_\_\_

Present Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ **Citizen of** \_\_\_\_\_  
Last First Middle Identification/ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Is Spouse of legal age in the state or area of residence Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been associated directly or indirectly with terrorist activities? Yes \_\_\_ No \_\_\_

**EDUCATIONAL BACKGROUND**

Schools Attended, Grade or Degree Attained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS INFORMATION (complete in full)**

Employed By: \_\_\_\_\_ No. of Years \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Nature of Business \_\_\_\_\_

**May you be contacted at work? Yes \_\_\_ No \_\_\_**

**REFERENCES (exclude relatives)**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL INFORMATION**

Income from present occupation\$ \_\_\_\_\_ per year. Other income \$ \_\_\_\_\_

Explain any other income \_\_\_\_\_

Personal Bank \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

**SPECIFIC DATA**

Would this business be your sole source of income? Yes \_\_\_\_\_ No \_\_\_\_\_

Own Home or Rent? Own \_\_\_\_\_ Rent \_\_\_\_\_ If Own, Current Value \_\_\_\_\_

Your Total Assets \$ \_\_\_\_\_ Your Total Liabilities \$ \_\_\_\_\_

Your Net Worth \$ \_\_\_\_\_ Amount of Cash Available for Investment\$ \_\_\_\_\_

Do you have a financing source? Yes \_\_\_ No \_\_\_ Amount of Financing Available \_\_\_\_\_

If qualified, when would you be ready to invest in your Franchise \_\_\_\_\_ ?

Will you be the sole owner of this business? Yes \_\_\_\_\_ No \_\_\_\_\_

**If names are to be included on the Franchise Agreement, please have these individuals fill out a separate application.**

Location Preference \_\_\_\_\_

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Mr. Empanada Franchise Corp.).

I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the franchisor is highly confidential ("Confidential Information"), and has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the board of directors of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the procurement of an investigative consumer report and a background search in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government. I understand that this investigation may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness and job performance. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of the investigative consumer report and/or background search.

I/We submit the foregoing information as my complete and true personal and financial condition as of the date shown below. I understand that my date of birth is being utilized to process Mr. Empanada Franchise Corp.'s ("Mr. Empanada's") background check and to determine whether I/we are of legal age. Mr. Empanada does not discriminate in the granting of franchises based on age, sex, race, creed, nationality or handicap of the applicant. Mr. Empanada is requesting information relating to the applicant's spouse, marital status, and children for purposes of determining whether the applicant's family members will be actively involved in or own the franchise, or if such family members' assets will be used to qualify for the franchise or related credit. If you believe you would otherwise qualify for the franchise without the assistance of your family members' involvement, credit or assets, let us know, and do not provide information relating to your spouse or children. Mr. Empanada may withdraw its consideration of this application at any time. This application and Mr. Empanada's consideration of it is not a grant of a franchise to you or anyone and is not, and will not be used to support any oral or written agreement between Mr. Empanada and anyone to grant a franchise. It is for informational purposes only. Mr. Empanada grants franchises only after providing a prospectus to the applicant and by entering into written franchise agreements executed by a duly authorized Mr. Empanada officer or director. I/we understand that this application is not a binding contract or agreement and in no way obligates either Mr. Empanada or the undersigned.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities.

I read, understand, and agree to all of the above. I have read this disclaimer. **NOTE:READ&INITIAL**

Date \_\_\_\_\_ Signature (required) \_\_\_\_\_

Date \_\_\_\_\_ Signature, Spouse (required, if an officer or director) \_\_\_\_\_