

Franchise Application

The information submitted to Chilorio's will be kept confidential and will only be used in the selection process for all potential candidates. **NOTE:** You may attach any additional information to this application.

INDIVIDUAL APPLICANTS: A complete application is required from all individual equity partners with ownership interest.

CORPORATE APPLICANTS: Please add corporate name, business structure, federal ID number, state of incorporation and approximate annual sales.

PERSONAL INFORMATION		
NAME:		
<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>
ADDRESS:		
<i>STREET ADDRESS</i>		<i>APT./UNIT</i>
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
PHONE: ()	ALTERNATE PHONE: ()	
EMAIL ADDRESS:		
SOCIAL SECURITY #:	DATE OF BIRTH:	
HIGHEST LEVEL OF EDUCATION ATTAINED:	DEGREE IN:	
CITIZENSHIP:		
HOW DID YOU HEAR ABOUT CHILORIO'S FRANCHISE OPPORTUNITIES?:		
<input type="checkbox"/> CHILORIO'S WEBSITE <input type="checkbox"/> OTHER WEBSITE <input type="checkbox"/> REFERRAL <input type="checkbox"/> STORE VISIT <input type="checkbox"/> TRADE SHOW <input type="checkbox"/> MAGAZINE <input type="checkbox"/> TV <input type="checkbox"/> OTHER		
PLEASE SPECIFY:		
WHAT ATTRACTED YOU TO THE CHILORIO'S FRANCHISE?:		
PROFESSIONAL INFORMATION		
OCCUPATION:		
NAME OF EMPLOYER:	TYPE OF BUSINESS:	
DATES OF EMPLOYMENT:	POSITION:	
FINANCIAL INFORMATION		
A. TOTAL LIQUID ASSETS (CASH, STOCKS, BONDS, ETC.):		
B. TOTAL TANGIBLE ASSETS (REAL ESTATE, VEHICLES, BUSINESS, ETC.):		
TOTAL ASSETS (A + B):		
TOTAL LIABILITIES:		
TOTAL NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES):		
ARE YOU PLANNING TO FINANCE THE INVESTMENT?	<i>YES</i>	<i>NO</i>
INDICATE TOTAL CAPITAL AVAILABLE FOR INVESTMENT:		



GENERAL INFORMATION

DO YOU HAVE ANY PREVIOUS RESTAURANT EXPERIENCE?	<i>YES</i>	<i>NO</i>
PLEASE DESCRIBE:		
WILL YOU BE MANAGING THE DAY-TO-DAY OPERATIONS OF THE BUSINESS?	<i>YES</i>	<i>NO</i>
IF NOT, HAVE YOU ALREADY SELECTED A MANAGER?	<i>YES</i>	<i>NO</i>
IN WHAT CITY(S) OR AREA(S) ARE YOU PLANNING TO OPEN YOUR CHILORIO'S FRANCHISE?:		
I AM INTERESTED IN: (PLEASE CHECK ALL THAT APPLY) <input type="checkbox"/> SINGLE LOCATION <input type="checkbox"/> FREESTANDING UNIT <input type="checkbox"/> FOOD COURT UNIT		
<input type="checkbox"/> MULTIPLE LOCATIONS <input type="checkbox"/> IN-LINE UNIT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OTHER _____		
DO YOU ALREADY HAVE A SITE SELECTED?	<i>YES</i>	<i>NO</i>
IF YES, WHAT IS THE ADDRESS?:		
<i>STREET ADDRESS</i>	<i>APT./UNIT</i>	
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>
DO YOU OWN OR WILL YOU RENT?:		
DIMENSIONS (sq ft or m²):		
OTHER INFORMATION YOU WANT TO ADD:		

BACKGROUND VERIFICATION DISCLOSURE

Chilorio's Franchising, LLC. and its designated agents and representatives may obtain a Consumer Report and/or a Background Investigative Report to be used in processing your franchise application or updated from time to time throughout the franchise relationship. The Fair Credit Reporting Act, as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that a Consumer Report and/or Background Investigative report may be made, which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

AUTHORIZATION AND RELEASE

I hereby authorize Chilorio's Franchising, LLC. and its designated agents and representatives to conduct a comprehensive review of my background with a Consumer Report and/or Background Investigative Report which I understand may include information regarding my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. These reports may be compiled from any source (court records, motor vehicle departments, past or present employers, other private and governmental institutions, business or personal references, etc.) that can verify all the information and statements contained in this application and that I have voluntarily supplied. I authorize any person, association, firm, company, law enforcement agency or personnel office to furnish information, including but not limited to, verification of social security number, my business reputation, my credit history, my references, my performance, my criminal conviction record, my civil record and any other record. I indemnify and release all such persons, firms, organizations or agencies from any liability or damages that may be incurred as a result of such an inquiry or the furnishing of such information.

I certify that I have read and understand all provisions of this Authorization and Release.

I understand that Chilorio's Franchising, LLC. will be making a final decision based solely on non-discriminatory considerations and that misrepresentation or omission of facts will be cause for the rejection of my application.

Applicant's Signature

Date

Applicant's Printed Name

Social Security #

Driver's License #

State

Please mail your complete and signed application to:

Chilorio's Very Mexican
Attn: Vice President of Franchise Development
130 Miracle Mile, Suite 102, Coral Gables, FL 33134
or scan and email to: franchise@chilorios.com

Please call
(855) TACOS.55
for any questions and/or concerns