



# Advanced Fresh Concepts Franchise Corp.

Fax: 310-604-6449 Franchise Application Form Attn: \_\_\_\_\_

AFCFC welcomes and considers applicants for franchises without regard to race, color, religion, ancestry, national origin, age, disability, medical condition, genetic information, marital status, sexual orientation or other protected characteristics. AFCFC is an Equal Opportunity Franchisor.

Application # \_\_\_\_\_ Date of Application: \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_  
(Print) Last First Middle Other name SSN or any other identifying number

Current Address \_\_\_\_\_

City State Zip Code

Physical U.S. Residence, if different from above \_\_\_\_\_

City State Zip Code

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ E Mail \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

## Location

### Potential Franchisee

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

Anywhere Location 1 Location 2 Location 3

Education			
	Print the name and city of each school	Graduated Yes or No	Degree Awarded
High School			
College			
Vocational			

**Employment Record**

Are you currently working as a sushi chef or helper at an AFC Food Service Counter? Yes  No   
 If yes, where and who is your employer? \_\_\_\_\_

Have you ever worked at an AFC Food Service Counter before? Yes  No   
 If yes, when and where? \_\_\_\_\_

Have you ever worked at any Sushi Bar before? Yes  No   
 If yes, when and where? \_\_\_\_\_

Have you ever worked at a food service establishment before? Yes  No   
 If yes, when and where? \_\_\_\_\_  
 (Continued on other side)

**Are you now employed?** Yes  No

Can we contact your **present** employers for references? Yes  No  \_\_\_\_\_  
 (Sign Here)

If you checked no, please explain \_\_\_\_\_

Can we contact your **former** employer(s) for references? Yes  No  \_\_\_\_\_  
 (Sign Here)

If you checked no, please explain \_\_\_\_\_

**List present and all former Employers or Personal Business (use additional sheets if necessary)**

Dates Employed	Employer Name, Address and Phone #		Position	Reason for leaving

**Other Information**

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes  No   
 (Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A conviction does not automatically disqualify you from consideration for an AFC franchise.

Are you legally eligible to work in the United States? Yes  No

Proof of Eligibility documentation must be provided before signing a franchise agreement as required by law.

Are you at least 18 years of age? Yes  No

Are you now or have you been subject to any judgments, liens or garnishments within the last 5 years? Yes  No

**Real Estate Investments** (list all real estate held)

Description or street address of property \_\_\_\_\_  
 \_\_\_\_\_

Date of purchase \_\_\_\_\_ Cost \_\_\_\_\_

Monthly/Mortgage Payment \_\_\_\_\_ Balance \_\_\_\_\_

**Emergency Contact**

	Name	Address & Phone Number	Relationship
I			
II			

**Name of friends and relatives who are employed by or are franchisees for AFC or AFCFC.**

	Name	Relationship	Address & Phone No.
I			
II			

**Name of family or friends who are currently operating other Sushi or Food Service Businesses.**

	Name	Relationship	Address & Phone numbers
I			
II			

**Personal, and Professional References**

	Name	Phone	Address
I			
II			

**Please read carefully and sign:**

By signing below, I certify, represent and warrant that:

1. The undersigned personally completed this application;
2. The information provided in this application and any accompanying resume or documentation, is all true and correct;
3. I understand that any omission or false or misleading information on this application or in any document produced by me in connection with this application may disqualify me from further consideration and may lead to immediate termination of my franchise when discovered later, regardless of the time elapsed before discovery;
4. I authorize the investigation of all information, references, work records, education and all other matters related to my suitability to be a franchise owner. I further authorize the references listed above to disclose to AFCFC any and all letters, reports, and other information related to my work records, without providing me prior notice of such disclosure. I hereby release AFCFC, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands and/or liabilities arising out of or in any way related to such investigation or disclosure. I authorize AFCFC to conduct a background check on me and have signed the Disclosure and Authorization for Business Relationship form.
5. No representative of AFCFC has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. No representative of AFCFC is authorized to provide me information or make any representation to me about actual or potential sales, profits or earnings. However, we may provide actual sales information for a specific outlet being offered to you for sale.
6. The information contained in this application is not confidential. I authorize AFCFC to provide this Application or any of its contents to the owner or management of any location(s) where it is possible I may operate an AFC food service counter.
7. I understand this is an Application, not an agreement. There is no promise to consider this Application or to grant me a franchise.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office use only**

Interviewer	Action Taken	Position/Dept.	Starting Date	Store
Location				