



Arctic Circle Restaurants, Inc.
4214 West 8370 South, West Jordan, Utah 84088
P.O. BOX 517, West Jordan, Utah 84084

Personal and Financial Disclosure

Date Completed: _____

The following confidential information is the basis for my franchise application. The submission of this application does not obligate either party in any way or manner.

PERSONAL INFORMATION:

(PLEASE PRINT OR TYPE)

Name: _____

LAST

FIRST

MIDDLE

Spouse's Name: _____

BEST TIME TO CALL

Telephone: _____ From: _____ To: _____

E-Mail Address: _____

Home: Own: _____ Rent: _____ How Long: _____

Address: _____

STREET

CITY

STATE

ZIP CODE

Last Previous Address: _____

STREET

CITY

STATE

ZIP CODE

HOW LONG?

Are you legally authorized to work in the United States as an Arctic Circle franchisee: Yes: ____ No: ____

Have you been convicted of a felony within the past 7 years that has not been sealed, expunged, annulled, erased, pardoned or otherwise removed from your conviction record? Do not consider juvenile convictions. Yes: ____ No: ____

If yes, please state details: _____

Are you, or have you ever been a registered sex offender with any federal, state or local government agency, including any listing on a public website? Yes: ____ No: ____

If yes, please state details: _____

Have you, your company or your employees ever been involved in any litigation, arbitration or judgement where you were one of the litigants? Yes: ____ No: ____

If yes, please state details: _____



Have you or your spouse, or any business you've had an ownership interest in, ever declared bankruptcy? Yes: ___ No: ___

If yes, please state details: _____

BUSINESS EXPERIENCE:

(GIVE PRESENT OR LAST POSITION FIRST. IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET. ADVISE IF YOU DO NOT WISH US TO CONTACT YOUR PRESENT EMPLOYER).

Company: _____ Address: _____

Type Of Business: _____ Employed From: _____ To: _____

Supervisor: _____ Telephone: _____

Position, Duties, and Number of Employees Supervised: _____

Company: _____ Address: _____

Type Of Business: _____ Employed From: _____ To: _____

Supervisor: _____ Telephone: _____

Position, Duties, and Number of Employees Supervised: _____

Company: _____ Address: _____

Type Of Business: _____ Employed From: _____ To: _____

Supervisor: _____ Telephone: _____

Position, Duties, and Number of Employees Supervised: _____

EDUCATION:

Last year of school and degree or diploma type completed: _____

Name of college and/or postgraduate school: _____

Do you now, or have you ever, owned an interest in a restaurant operation or franchise? Yes: ___ No: ___

If yes, please state details: _____

Have you ever had a business failure? Yes: _____ No: _____

If yes, please state details: _____



PROSPECTIVE BUSINESS PROFILE:

Will you have a business partner(s): _____

Name of partner(s): _____

(NOTE: A SEPARATE APPLICATION AND FINANCIAL STATEMENT REQUIRED OF EACH PARTNER. CIRCLE THE NAME OF THE OPERATING PARTNER)

To what extent will you be actively involved in the day-to-day operations of the restaurant? _____

WHAT PERCENT OF THE EQUITY OF THE ENTERPRISE WILL BE MADE AVAILABLE TO THE OPERATING PARTNER? _____ %

PERSONAL REFERENCES:

(PERSONS WHO HAVE KNOWN YOU AT LEAST TWO YEARS - DO NOT LIST FORMER EMPLOYERS OR RELATIVES)

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL FINANCIAL STATEMENT:

I make the following statement of all my assets and liabilities as of the _____ day of _____ hereby authorized to make any additional investigations as required.

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS	CURRENT BALANCE
CASH ON HAND AND IN BANKS, UNRESTRICTED (1)	\$
ACCOUNTS LOANS, AND NOTES RECEIVABLE (2)	
REAL ESTATE (Current Market Value) (3)	
OTHER ASSETS (4):	
LIFE INSURANCE, CASH SURRENDER VALUE (Do not Deduct Loans)	
AUTOMOBILES AND OTHER PERSONAL PROPERTY	
NET VALUE OF BUSINESS INTERESTS	
SECURITIES, BONDS/DEBENTURES	
VESTED PROFIT SHARING	
TOTAL ASSETS	\$

LIABILITIES AND NET WORTH	CURRENT BALANCE	MONTHLY PAYMENT
NOTES PAYABLE TO BANKS (1) AND OTHERS (5), SECURED	\$	\$
NOTES PAYABLE TO BANKS (1) AND OTHERS (5), UNSECURED		
MORTGAGES PAYABLE ON REAL ESTATE (3)		
OTHER DEBTS AND LIABILITIES (5):		
ACCOUNTS AND CREDIT CARDS PAYABLE		
TAXES AND ASSESSMENTS PAYABLE		
INTEREST PAYABLE		
LOANS AGAINST LIFE INSURANCE		
NOTES PAYABLE TO BANKS (1) AND OTHERS (5), SECURED		
TOTAL LIABILITIES	\$	\$
TOTAL ASSETS - TOTAL LIABILITIES = NET WORTH	\$	\$

CONTINGENT LIABILITIES	CURRENT BALANCE	MONTHLY PAYMENT
AS ENDORSER OR CO-MAKER	\$	\$
ON LEASE OR CONTRACTS		
LEGAL CLAIMS		
PROVISION FOR FEDERAL INCOME TAXES		
OTHER SPECIAL DEBT (5) (Itemize)		
AS ENDORSER OR CO-MAKER		
ON LEASE OR CONTRACTS		
LEGAL CLAIMS		
PROVISION FOR FEDERAL INCOME TAXES		
TOTAL CONTINGENT LIABILITIES	\$	\$

SOURCES OF INCOME	CURRENT BALANCE	PRIOR YEAR TOTAL
SALARY	\$	\$
BONUS AND COMMISSIONS		
DIVIDENDS, INTEREST		
REAL ESTATE INCOME		
OTHER INCOME (Specify Source)		
SALARY		
BONUS AND COMMISSIONS		
DIVIDENDS, INTEREST		
REAL ESTATE INCOME		
TOTAL INCOME	\$	\$



SUPPLEMENTAL SCHEDULES

(ATTACH ADDITIONAL PAGES IF NECESSARY.)

No. 1 Banking Relations: (A List of All My Bank Accounts, Including Savings and Loans)

NAME LOCATION OF BANK AND OFFICER	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed or Secured

No. 2 Accounts, Loans and Notes Receivable: (A List of the Largest Amounts Owning to Me)

DESCRIPTION OF NATURE OF DEBT	NAME AND ADDRESS OF DEBTOR	BALANCE
a. _____		
b. _____		
c. _____		
d. _____		

No. 3 Real Estate: (Only include real estate to which you have legal title.)

DESCRIPTION OR STREET ADDRESS	DIMENSIONS OR ACRES	IMPROVEMENTS CONSIST OF
a. _____		
b. _____		
c. _____		
d. _____		

MORTGAGES OR LIENS	DUE DATES AND AMOUNTS OF PAYMENTS	ASSESSED VALUE	PRESENT MARKET VALUE	UNPAID TAXES YEAR and AMOUNT
a. _____				
b. _____				
c. _____				
d. _____				

No. 4 Other Assets:

DESCRIPTION	CURRENT FAIR MARKET
a. _____	
b. _____	
c. _____	
d. _____	



No. 5 Other Debts and Liabilities: (Excluding mortgages listed above)

OBLIGEE	DESCRIPTION	CURRENT BALANCE	INTEREST RATE	MONTHLY PAYMENT

I buy goods principally from: (A List of All My Bank Accounts, Including Savings and Loans)

NAME	ADDRESS	NAME	ADDRESS

Available capital to invest in this Franchise \$ _____

The undersigned certifies that the information furnished in this Arctic Circle Restaurant Franchise Application is true and correct.

Dated this _____ day of _____ . 20 _____

Signed: _____



RELEASE OF FINANCIAL INFORMATION

IMPORTANT: Must be signed and returned with the Arctic Circle Restaurants, Inc. Franchise Application.

In connection with the foregoing application, I hereby authorize the release to Arctic Circle Restaurants, Inc., its officers, agents and employees, of any information, records and reports, whether of a confidential nature or otherwise, relating to me, including, but not limited to, credit rating and reports, employment records, police and court records and medical reports. I hereby release any person, firm or agency in possession of such information, records or reports that releases the same pursuant to this authorization from any liability to me.

Authorized Signature

Bank or Organization

Name of Banker or other Person authorized to disclose information to Arctic Circle Restaurants, Inc.

Telephone Number