



## **NEW YORK PIZZERIA, INC.**

### **REQUEST FOR CONSIDERATION • FRANCHISE APPLICATION**

The applicant represents and certifies that the enclosed information is true and correct. By signing and submitting this Request for Consideration, the Applicant further agrees to hold any and all information learned about New York Pizzeria, Inc., the franchise, operational techniques, procedures and all proprietary products, procedures, processes, techniques, cooking methodology, equipment, kitchen design, space configuration, point of sale systems, recipes and supply chain as confidential and agrees not to disseminate any information learned or viewed, neither verbally, in written form or via any and all electronic communication media.

|                        |  |
|------------------------|--|
| Franchisor:            | New York Pizzeria, Inc.                                    |
| Business Organization: | A Texas corporation  |
| Address:               | 5120 Woodway Dr.<br>Suite 8030<br>Houston, Texas 77056     |
| Telephone No.:         | (346)802-4698  |
| Website:               | <a href="http://www.nypizzeria.com">www.nypizzeria.com</a> |

## Instructions and Checklist:

New York Pizzeria, Inc. welcomes the opportunity to consider your application for a franchise (license). All items must be answered completely and accurately. If an item does not apply, please insert N/A. Use additional sheets to supplement any answer. The following items are required and are to be included with the completed, signed and dated New York Pizzeria, Inc. Request for Consideration Franchise Application:

### Please submit the following with your application:

- 1. **Current year personal financial statements of the applicant(s).**  
(A financial statement must be supplied before we consider the application)
- 2. **Most current three (3) years' personal tax returns of the applicant(s).**
- 3. **Entity formation documents**  
(i.e., Partnership Agreement, Articles of Incorporation and Bylaws, Limited Liability Company Operating Agreement, Trust Agreement)
- 4. **Most current 6 months' bank statement(s) or financial institution statement(s) supporting the amount of liquid capital for this project.** (Minimum requirement per location is \$175K in Liquidity & a \$600K total net worth)
- 5. **Professional Resume and/or Business Experience Work History** (Current employment and details of work experience with previous employers or businesses owned and number of employees managed)
- 6. **State issued driver's license, picture I.D., or any government issued identification.**

If an existing business is to be used to qualify the applicant and guarantee the debt of the New York Pizzeria, Inc. franchise, in addition to the above, please include the following items:

- 1. **Most current three (3) years' business tax returns.**
- 2. **Most current six (6) months' business checking and savings accounts.**
- 3. **Current and previous year business balance sheets**
- 4. **Current and previous year-end P & L statements**
- 5. **Current business financial statements.**

### Tell Us About Your Plan:

What, specifically, drove you to contact us at this time (e.g., advertisement, independent research, website – please be specific)? \_\_\_\_\_

Why do you feel you will be a successful Franchisee? \_\_\_\_\_

\_\_\_\_\_

Who will be responsible for the following?

Development / Real Estate / Equipment: \_\_\_\_\_ Training: \_\_\_\_\_

Financial Management: \_\_\_\_\_ Marketing: \_\_\_\_\_

Restaurant Operations: \_\_\_\_\_

## GENERAL INFORMATION

**Application Type:** (Check one)

- New  
 Re-Franchising  
 Conversion  
 Area Development Agreement

**Applicant:** (Check one)

- Individual-Sole Proprietorship  
 Corporation  
 Limited Liability Company  
 Partnership  
 Type \_\_\_\_\_

Other: \_\_\_\_\_

**State of Formation:** \_\_\_\_\_

**Proposed Location:**       Trade Area       Site Specific (Check one)

Address / Intersection: \_\_\_\_\_

City/Municipality

County

State

Zip

**PROPOSED # OF SEATS:** \_\_\_\_\_

**PROPOSED SQUARE FOOTAGE:** \_\_\_\_\_

### Area Development Agreement:

**Location Preference(s) ADA:**

First Choice \_\_\_\_\_

Fourth Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Fifth Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

Sixth Choice \_\_\_\_\_

## APPLICANT INFORMATION

Please provide below the name of a principal contact, to whom all correspondence should be addressed and who has authority to act for and bind the applicant to a contract.

### Principal Contact:

Mr. /Mrs. / Ms. \_\_\_\_\_

Last

First

Middle

Entity Information: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State /Zip

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bus Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Spouse's Name: (If Applicable) \_\_\_\_\_

**Entity Ownership Breakdown:**

Entity Information: (if applicable) \_\_\_\_\_

Mr. /Mrs. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_  
*First Middle Initial Last*

Street City State /Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ % Title: \_\_\_\_\_

Mr. /Mrs. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_  
*First Middle Initial Last*

Street City State /Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ % Title: \_\_\_\_\_

Mr. /Mrs. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_  
*First Middle Initial Last*

Street City State /Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ % Title: \_\_\_\_\_

Have you ever owned a restaurant?  Yes  No Franchised?  Yes  No

If yes, are you still involved with the restaurant or franchise?  Yes  No

Why or why not? \_\_\_\_\_

How many employees do you manage? \_\_\_\_\_

Do you have restaurant or retail management experience?  Yes  No

If yes, please describe: \_\_\_\_\_

**Other Franchise Businesses Interest or Restaurant Interest:**

|    | Business Name | Business Type | Address & Telephone | ownership % | How long |
|----|---------------|---------------|---------------------|-------------|----------|
| 1. | _____         | _____         | _____               | _____       | _____    |
| 2. | _____         | _____         | _____               | _____       | _____    |

**PERSONAL FINANCIAL STATEMENT**

(If you have a current year Personal Financial Statement, please enclose with this completed form)

Name: \_\_\_\_\_  
*First Middle Initial Last*

Address: \_\_\_\_\_  
*Street City State /Zip*

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Business or Occupation: \_\_\_\_\_ Partner or officer in any other venture: \_\_\_\_\_

| <b>Assets</b>   |    |    | <b>Liabilities</b>   |    |
|---|----|----|--|----|
| Cash on Hand and unrestricted in Banks (Schedule 1)                     |    | \$ | Notes Payable to Banks – Unsecured direct borrowings only (Schedule 1) | \$ |
| U.S. Government Securities  |    |    | Notes Payable to Banks – Secured direct borrowings only (Schedule 1)   |    |
| Accounts and Loans Receivable (Schedule 2)                              |    |    | Notes, Payable to others, unsecured                                    |    |
| Notes Receivable, not discounted (Schedule 2)                           |    |    | Notes, Payable to others, secured                                      |    |
| Life Insurance, Cash Surrender Value (do not deduct loans) (Schedule 3) |    |    | Loans Against Life Insurance (Schedule 3)                              |    |
| Stocks and Bonds (Schedule 4)   |    |    | Accounts Payable   |    |
| Real Estate (Schedule 5)  |    |    | Interest Payable   |    |
| Automobiles –(registered in own name)<br>Year:      Make:      Model:   |    |    | Taxes and Assessments Payable (Schedule 5)                             |    |
| Year:      Make:      Model:  |    |    | Mortgages Payable on Real Estate (Schedule 5)                          |    |
| 401(k) or IRA   |    |    | Broker's Margin Accounts (Schedule 4)                                  |    |
| Other Assets  |    |    | Other Liabilities (Itemize)  |    |
|   |    |    |  |    |
| <b>Total Assets</b>   |    | \$ | <b>Total Liabilities</b>   |    |
|   |    |    | <b>Net Worth</b>   |    |
|   |    |    | (Total Assets minus Total Liabilities)                                 |    |
|   |    |    |  | \$ |
| <b>Annual Income</b>  |    |    | <b>Contingent Liabilities</b>  |    |
|   |    |    |  |    |
| Salary  | \$ | \$ | As Endorser of Co-Maker  | \$ |
| Bonus & Commissions   |    |    | On Leases or Contracts   |    |
| Dividends   |    |    | Legal Claims   |    |
| Real Estate   |    |    | Provision for Federal Income Taxes                                     |    |
| Other (Itemize)   |    |    | Other Special Debt   |    |
|   |    |    |  |    |
| <b>Total</b><br>(Adjusted Gross Income)                                 | \$ | \$ | <b>Total</b>   | \$ |

**Supplementary Schedules**

**No. 1- Banking Relations** (a list of all bank accounts, including savings and loans.)

| Name and Location of Bank | Account # | Cash Balance | Outstanding Loans | Maturity Date | How Guaranteed |
|---------------------------|-----------|--------------|-------------------|---------------|----------------|
|                           |           |              |                   |               |                |
|                           |           |              |                   |               |                |
|                           |           |              |                   |               |                |

**No. 2- Accounts Receivable** (a list of the largest amounts owed to me)

| Name & address of debtor | Amount Owing | Age of the debt | Nature of debt & security Held | Date of Payment |
|--------------------------|--------------|-----------------|--------------------------------|-----------------|
|                          |              |                 |                                |                 |
|                          |              |                 |                                |                 |
|                          |              |                 |                                |                 |

**No. 3 – Life Insurance**

| Name of Person Insured | Policy # | Name of Beneficiary | Insurance Company | Face Amount of Policy | Total Cash Surrender Value | Total Loan Against Policy | Is Policy Assigned | Type of Policy | Amount of Yearly Premium |
|------------------------|----------|---------------------|-------------------|-----------------------|----------------------------|---------------------------|--------------------|----------------|--------------------------|
|                        |          |                     |                   |                       |                            |                           |                    |                |                          |
|                        |          |                     |                   |                       |                            |                           |                    |                |                          |
|                        |          |                     |                   |                       |                            |                           |                    |                |                          |

**No. 4 – Stocks, Bonds, and Mutual Funds**

| Face Value (Bonds) No. of Shares (Stocks) | Description of Security | Due Date | Registration in Name of and # | Cost | Present Market Value | Income Received Last Year | To Whom Pledged |
|---|-------------------------|----------|-------------------------------|------|----------------------|---------------------------|-----------------|
|   |                         |          |                               |      |                      |                           |                 |
|   |                         |          |                               |      |                      |                           |                 |
|   |                         |          |                               |      |                      |                           |                 |

**No. 5 – Real Estate** (legal & equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows)

| Type of property (home, business, land, etc.) | Address | Mortgages or Liens | Mortgage or Lien Held by | Due Dates & Amount of Payment | Assessed Value | Present Market Value | Unpaid Taxes |        |
|---|---------|--------------------|--------------------------|-------------------------------|----------------|----------------------|--------------|--------|
|   |         |                    |                          |                               |                |                      | Year         | Amount |
|   |         |                    |                          |                               |                |                      |              |        |
|   |         |                    |                          |                               |                |                      |              |        |
|   |         |                    |                          |                               |                |                      |              |        |

**No. 6 – Creditors I buy goods principally from:**

| Name of Creditor | Address |
|------------------|---------|
|                  |         |
|                  |         |
|                  |         |

APPLICANT SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

SPOUSE SIGNATURE (IF APPLICABLE): \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**BANKING REFERENCES**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**The following representations are made pursuant to the USA Patriot Act. Each and every individual who will have an ownership interest in the franchise must complete a separate form.**

PERSONAL IDENTIFICATION (Non-citizenship will not be a bar to being awarded a franchise.)

I AM:

- \_\_\_\_\_ A citizen or national of the United States of America.
- \_\_\_\_\_ An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_)
- \_\_\_\_\_ An alien authorized by the Immigration and Naturalization Service to work in the United States of America (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any, \_\_\_\_\_)
- \_\_\_\_\_ I am a national of \_\_\_\_\_ (Country)
- \_\_\_\_\_ I am a citizen of \_\_\_\_\_ (Country)

**Please attach to this application a copy of at least one of the following documents:**

- \_\_\_\_\_ United States Passport
- \_\_\_\_\_ Certificate of United States Citizenship
- \_\_\_\_\_ Certificate of Naturalization
- \_\_\_\_\_ Unexpired Foreign Passport
- \_\_\_\_\_ Alien Registration Card with Photograph
- \_\_\_\_\_ State-issued driver's license or a state-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight and color of eyes
- \_\_\_\_\_ Other government-issued identification (describe) \_\_\_\_\_

**THE FRANCHISOR RESERVES THE RIGHT TO ASK YOU TO PRODUCE ORIGINAL AND/OR ADDITIONAL DOCUMENTATION, VERIFYING YOUR IDENTITY.**

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New York Pizzeria, Inc. (NYPI) reserves the right to approve or disapprove the application in its sole discretion, and to withdraw its approval at any time before NYPI executes a definitive License or Franchise Agreement. There shall be no binding agreement or obligations on either party with regard to the Application or the proposed facility unless and until both parties have executed and delivered a definitive License or Franchise Agreement.

Applicant represents and warrants to NYPI that the enclosed information is true, complete and correct as of the date of the Application, and agrees to supply such additional information, documents, statements or data as requested by NYPI, and to supplement and correct the information supplied promptly after any earlier submission is deemed inaccurate or incomplete.

As part of the application process, the undersigned, acting for any entity that is the applicant and as agent for the persons listed as owners of the entity or as participants in the proposed franchise, authorize NYPI to conduct a background investigation of the financial condition, general character and reputation of the applicant, its officers, partners, directors, shareholders, owners and managers. The undersigned authorizes the release of such information to NYPI by all financial institutions, credit bureaus, other public and private reporting organizations, government, regulatory entities, employers, and other references contacted by NYPI in connection with this application.

The undersigned further authorizes NYPI to communicate to the applicant and all persons or entities named in this application via electronic mail.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

E\_MAIL: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

TITLE: \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_  
*(If Applicable)*

PRINTED NAME: \_\_\_\_\_