

Franchise Application

Type or print all information. The information furnished to Alohana™ Hawaiian Grill will be kept confidential and will be used for the purpose of qualifying applicants for franchise program. Alohana™ Hawaiian Grill will not disclose or share any of this information to anyone outside the company.



Personal Information

Name (Last, First, MI)	Sex (M/F)	Date of Birth	Social Security Number
Home Address	City	State	Zip
Home Address	City	State	Zip
Mailing Address (If not the same as home address)	City	State	Zip
Education	E-Mail		

Employment History

COMPLETE THE FOLLOWING EVEN IF ATTACHING A RÉSUMÉ.

Do you have any relatives or acquaintances employed by our company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been employed or have submitted an employment application with our company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Present or most recent employer	From Mo/Yr	To Mo/Yr	Present or ending salary	Job Title and Responsibilities	
Immediate Supervisor	Title	Contact Phone	Reason for leaving or wanting to leave		
Employer	From Mo/Yr	To Mo/Yr	Ending Salary	Job Title and Responsibilities	
Immediate Supervisor	Title	Contact Phone	Reason for leaving		

Business Information

Have you owned a business before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please describe your business and its history, include dates of operation as well as annual revenues (attach extra sheet if necessary).
Your Net Worth			
Cash and Equities	\$		
Real Estate	\$		
Stocks and Bonds	\$		
Other(s)	\$		
TOTAL ASSETS	\$		
TOTAL LIABILITIES	\$		
NET WORTH	\$		

My involvement in the business venture will be as (please check one please):	<input type="checkbox"/> Active Operator	<input type="checkbox"/> I will hire a manger	How soon did you want to open for business?	<input type="checkbox"/> 6 Mos.	<input type="checkbox"/> 9 Mos.	<input type="checkbox"/> 1 Yr.	<input type="checkbox"/> > 1 Yr.
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have other investors to join your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How do you plan to provide capital for this business venture?	<input type="checkbox"/> Cash	<input type="checkbox"/> Financing	How did you learn about Alohana™ Hawaiian Grill?				

Please indicate the city and state you prefer to operate the store? List in order of priority (1 being highest).	1.	2.	3.
Are you willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what city/county and state?

CERTIFICATION

I hereby certify that the information I have provided on this application is true and correct. I am aware that the information provided herein is to be used solely for the franchise application process and there is no legal binding upon Alohana™ Hawaiian Grill or any of its affiliations.

I Have Read and I Agree to the Above	Signature of Applicant	Date
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Forward or fax your completed form to the following:
 Newco Hawaiian Grill Franchise Inc.
 303 Second Street, San Francisco, California 94107
 Fax: 415-986-0828