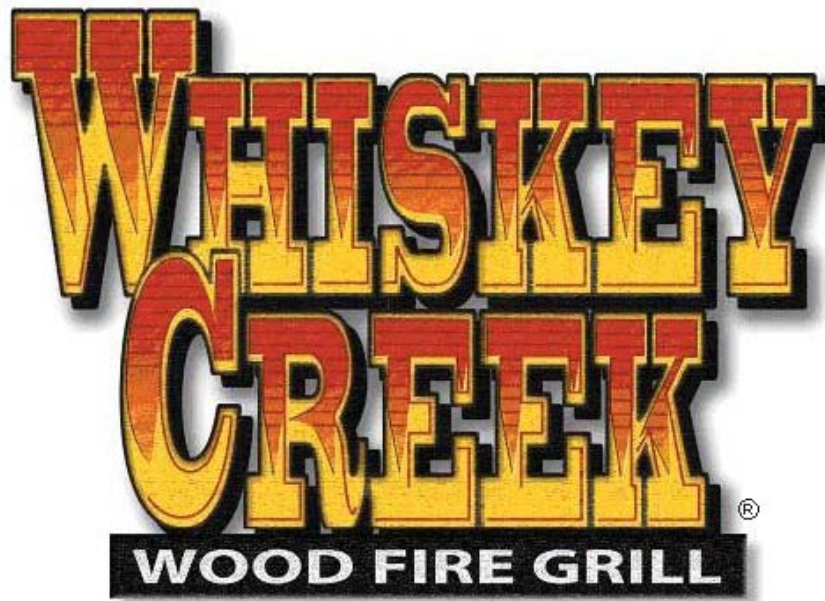


Whiskey Creek Franchise Systems, LLC

Franchise Application



Please complete and return to:

**Whiskey Creek Franchise Systems, LLC
Attn: Franchise Administrator
PO Box 1630
Kearney, NE 68848-1630
Phone: 308-234-2757
Fax: 308-237-9539
Email: jodi@whiskeycreek.com**



WHISKEY CREEK FRANCHISE SYSTEMS, LLC

Confidential Franchise Application

We would appreciate it if you would fill in this form to help us determine mutual compatibility and financial responsibility. The information will be kept confidential, and the submission of this form does not obligate WHISKEYCREEK FRANCHISE SYSTEMS, L.L.C. or you in any way.

PLEASE PRINT OR TYPE

Personal Information

Form with fields for Name, Home Address, City, State, Zip Code, Phone Number, Cell Number, Years at this address, Social Security Number, Education, and Special Schooling.

Personal References:

Form with fields for Name, Occupation, Address, City, State, Zip Code.

Form with fields for Name, Occupation, Address, City, State, Zip Code.

Form with fields for Name, Occupation, Address, City, State, Zip Code.

Business Experience:

Name of Present or Previous Employer:				
Position:				
Employer's Street Address:				
City:	State:	Zip Code:		
Duties and Responsibilities:				
Dates Employed: From:			To:	Salary:

Name of Previous Employer:				
Position:				
Employer's Street Address:				
City:	State:	Zip Code:		
Dates Employed: From:			To:	Salary:
Have you ever worked for a WHISKEY CREEK WOOD FIRE GRILL franchise or restaurant?				
If so, please provide details of your employment.				

General Information:

How did you become interested in a WHISKEY CREEK WOOD FIRE GRILL?
How much Capital are you prepared to invest?
Do you have a source of financing?

(If so, please name the source)

What type of entity will you operate as a franchisee? (check one below)

Partnership: Corporation: Limited Liability Company: Individual:

If you plan to operate as a partnership, corporation or limited liability company, please list all partners, shareholders or members:

(A personal financial statement must be submitted for each partner, member, shareholder or investor owning more than 10% of your WHISKEY CREEK WOOD FIRE GRILL.)

Do you plan to devote full time to this business:

If not, what percentage:

Who would run the business:

(Please provide a resume for this person)

Are you willing to sign a personal guarantee?

In what areas or territories would you like to establish a WHISKEY CREEK WOOD FIRE GRILL?

First Preference:

Second Preference:

Third Preference:

I certify all information provided in this application, including financial data, is correct. By signing this application I authorize investigation, including preparation of credit reports and background checks, of all statements contained herein, and the financial information disclosed herein, and release all parties from any liability for any damage that may result from this investigation.

I authorize any person or company contacted to provide **WHISKEY CREEK FRANCHISE SYSTEMS, L.L.C.**, or its representative, all such information requested by **WHISKEY CREEK FRANCHISE SYSTEMS, L.L.C.**, including, without limitation, information concerning my education, employment, work habits, observations of character, and credit history.

I acknowledge and agree that the financial information and earnings claim information that I receive from WHISKEY CREEK FRANCHISE SYSTEMS, L.L.C., through a Uniform Franchise Offering Circular or in conversations with its representatives are proprietary and confidential information of WHISKEY CREEK FRANCHISE SYSTEMS, L.L.C.. I represent and agree that such financial information and earnings claim information will only be communicated by me to investors, members, shareholders or partners of the franchise entity I will form to operate the Restaurant. I agree to protect the confidential nature of any such confidential and proprietary information.

Signature

Date

Schedules (add sheets as necessary)

Schedule 1 – Banking Relations (Cash/Notes Payable)

Name and Location	Cash Balance	Outstanding Loans, Guarantees	Maturity of Loan	Description of Collateral

Schedule 2 – Government Securities

Description	Market Value	Face Value	Maturity Date	Income Last Year	Are Securities Pledged?

Schedule 3 – Accounts, Loans & Notes Receivable – Secured & Unsecured

Name of Debtor	Maturity Date	Face Value	Monthly Payment	Balance Due	Description of Collateral

Schedule 4 – Life Insurance

Company	Beneficiary	Type of Policy	Face Amount	Cash Surrender Value	Amount of Policy Loan	Annual Premium

Schedule 5 – Stocks & Bonds

Name of Stock / Bond	# of Shares/Bonds	Face Value of Bonds	Cost	Market Value	Income Last Year	Are Securities Pledged?

Schedule 6 – Real Estate

Address	Title – Whose Name	Cost	Market Value	Balance on Mortgage	Date of Maturity	Installment Amount

Is there any additional information that you would like to share or that should be disclosed at this time?

CERTIFICATION AND AUTHORIZATION

I certify that the above information is complete, true and correct. If requested, I agree to provide additional information regarding the above representations. I also authorize Whiskey Creek Franchise Systems, LLC, their designated persons or third party companies and credit agencies to make all inquiries necessary to verify the accuracy of the information provided herein. I hold Whiskey Creek Franchise Systems, LLC and their employees harmless from any and all claims arising from the verification of the information contained herein.

Signature: _____

Date: _____
