



## Philly's Best Initial Investment Overview — Effective 5/1/09

### Fast Facts

- *Low start-up: from \$193,500 to \$401,000*
- *Initial Franchise Fee: \$30,000*
- *Small space requirement: 750 to 1500 sq. feet of retail space needed*
- *Royalty Payment: 6% of monthly gross sales*
- *Marketing & Advertising Support: 2% of monthly gross sales*

<b>Investment</b>	<b>Low Cost</b>	<b>High Cost</b>
<i>Initial Franchise Fee</i>	<i>\$30,000</i>	<i>\$30,000</i>
<i>Leasehold Improvements</i>	<i>\$100,000</i>	<i>\$200,000</i>
<i>Equipment (including small wares)</i>	<i>\$30,000</i>	<i>\$70,000</i>
<i>Point of Sale System</i>	<i>\$2,500</i>	<i>\$6,000</i>
<i>Signs, Menu Board, Decor</i>	<i>\$4,500</i>	<i>\$12,000</i>
<i>Security Deposits – rent, utilities</i>	<i>\$3,000</i>	<i>\$9,000</i>
<i>Business License &amp; Permits</i>	<i>\$1,500</i>	<i>\$5,000</i>
<i>Opening Advertising Campaign</i>	<i>\$3,000</i>	<i>\$9,000</i>
<i>Opening Inventory</i>	<i>\$4,000</i>	<i>\$10,000</i>
<i>Additional Funds – 3 Months</i>	<i>\$15,000</i>	<i>\$50,000</i>
<b><i>Total Estimated Initial Investment*</i></b>	<b><i>\$193,500</i></b>	<b><i>\$401,000</i></b>

*\* These estimates are based on the previous experience of the Franchisor. The Franchisor cannot guarantee that you will not have additional expenses when starting the business. All above funds are expressed in U.S. Dollars.*

Helping you succeed as a Philly's Best store owner is our number one priority. We will provide you with all of the tools you need to help make your store a success, although we will not make any claims of instant prosperity based solely on the Philly's Best reputation. Your success will ultimately depend on your passion, diligence and commitment to make your business a success.

### Kindly direct all questions to:

Greg Vujnov • Director of Franchise Development • [greg@eatphillysbest.com](mailto:greg@eatphillysbest.com) • 1-866-7PHILLY

**Philly's Best, 13805A Alton Parkway, Irvine, CA 92618**



## Franchise Application

This application is designed to provide preliminary information to Philly Foods, Inc. dba Philly's Best. It is in no way binding to either the Applicant(s) or Philly Foods, Inc. dba Philly's Best.

### PERSONAL INFORMATION

APPLICANT			SPOUSE		
Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
How long at this address? <input type="checkbox"/> Own <input type="checkbox"/> Rent			How long at this address? <input type="checkbox"/> Own <input type="checkbox"/> Rent		
Home Phone	Business Phone	S.S.#	Home Phone	Business Phone	S.S.#
Drivers License #	State		Drivers License #	State	
Email Address:			Email Address:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:			If yes, describe:		
Mailing Address (if different from above).			Mailing Address (if different from above).		
City	State	Zip	City	State	Zip

### BUSINESS/PERSONAL REFERENCES

Name	Telephone	Name	Telephone
<b>A.</b> Relationship		<b>A.</b> Relationship	
Address		Address	
Name	Telephone	Name	Telephone
<b>B.</b> Relationship		<b>B.</b> Relationship	
Address		Address	
Name	Telephone	Name	Telephone
<b>C.</b> Relationship		<b>C.</b> Relationship	
Address		Address	
Name	Telephone	Name	Telephone
<b>D.</b> Relationship		<b>D.</b> Relationship	
Address		Address	

*(Excluding Relatives and Employees)*

Marital Status: Married  Single  Divorced  No. Dependents? \_\_\_\_\_

If Married, will spouse be active in business? Yes  No

# Franchise Application

## BUSINESS EXPERIENCE

Are You self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are You self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present Occupation		Current Salary		Present Occupation		Current Salary	
		\$                      Yr.				\$                      Yr.	
Company		Phone		Company		Phone	
Address				Address			
City		State	Zip	City		State	Zip
Supervisor				Supervisor			
May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No				May we contact him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe Duties & Responsibilities:				Describe Duties & Responsibilities:			

## PREVIOUS BUSINESS EXPERIENCE

Date		Position		Date		Position	
- To -				- To -			
Company		Phone		Company		Phone	
Address				Address			
City		State	Zip	City		State	Zip
Date		Position		Date		Position	
- To -				- To -			
Company		Phone		Company		Phone	
Address				Address			
City		State	Zip	City		State	Zip
Date		Position		Date		Position	
- To -				- To -			
Company		Phone		Company		Phone	
Address				Address			
City		State	Zip	City		State	Zip

## EDUCATION

Circle last year of school completed:				Circle last year of school completed:					
High School:	1	2	3	4	High School:	1	2	3	4
College:	1	2	3	4	College:	1	2	3	4
Graduate:	1	2	3	4	Graduate:	1	2	3	4
Name of college and/or graduate school:					Name of college and/or graduate school:				
Year Graduated		Major			Year Graduated		Major		

# Franchise Application

FINANCIAL INFORMATION AS OF: \_\_\_\_\_

FINANCIAL INFORMATION			
Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (Applicant)	\$	Federal Income & Other Taxes	\$
Salary (Spouse)		State Income & Other Taxes	
Bonuses & Commissions (Applicant)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (Spouse)		Mortgage Payments	Residential Investment
Rental Income		Property Taxes	Residential Investment
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (Including Tax Shelters)	
Partnership Income		Alimony/Child Support	
Other Investment Income		Tuition	
Other Income (List)		Other Living Expenses	
		Medical Expenses	
		Other Expense (List)	
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENDITURES</b>	<b>\$</b>

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information)

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in Banks (List) <i>(Including Money Market Accounts, CDs, Etc.)</i>	\$	Notes Payable <i>(Schedule E)</i>	Secured Unsecured \$
Readily Marketable Securities (Sched. A)		Accounts Payable (including credit cards)	
Non-Readily Marketable Securities (Sched. A)			
Account & Notes Receivable			
Net Cash Surrender Value of Life Ins. (Sched. B)			
Residential Real Estate (Sched. C)			
Real Estate Investments (Sched. C)		Margin Accounts	
Partnerships/S-corporations (Sched. D)		Notes Due: Partnership (Schedule D)	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts		Taxes Payable	
		Mortgage Debt (Schedule C)	
Deferred Income (No. of Years Deferred _____)		Life Insurance Loans (Schedule B)	
Personal Property (Including Automobiles)		Other Liabilities (List):	
Other Assets (List):			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

**NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES) \$ \_\_\_\_\_**

# Franchise Application

## GENERAL INFORMATION

1. Income tax returns filed through (date): \_\_\_\_\_  
Are any returns being audited or contested? Yes  No
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes  No   
If yes, please provide details: \_\_\_\_\_
3. How did you hear about Philly's Best? \_\_\_\_\_
4. Do you have previous food service experience? Yes  No
5. Do you have previous franchise experience? Yes  No   
If yes, please provide details: \_\_\_\_\_
6. Estimated minimum income required for your current living expenses (Monthly)? \$ \_\_\_\_\_
7. Would this be your sole source of income? Yes  No
8. Are you considering a partner? Yes  No   
If yes, will he/she be active in the business? Yes  No
9. Who will be responsible for the daily operation? \_\_\_\_\_
10. Will this person(s) have an equity investment? Yes  No   
If yes, each person must fill out a separate application.
11. Amount of cash available for this investment? \$ \_\_\_\_\_
12. Do you have a financing source? Yes  No
13. Amount of financing available. \$ \_\_\_\_\_
14. If qualified, when would you be ready to open your Philly's Best Franchise? \_\_\_\_\_
15. Are you applying for:  
Single Unit?  Multiple Units?  Number: \_\_\_\_\_ Area development?
16. Location Preference:  
A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

The undersigned certifies that he/she has carefully read the application and that the information submitted, financial and otherwise is true and correct. Philly's Foods, Inc., dba Philly's Best is authorized to check any references, credit or otherwise, to verify any and all information contained in this application.

I understand that the information I am receiving from Philly's Foods, Inc., dba Philly's Best, it's employees or agents is confidential in nature, and will be held in strictest of confidence. None of the information given is to be used for any other purpose than which it was intended without prior written consent from Philly's Foods, Inc., dba Philly's Best.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

Philly Foods, Inc.  
13805 Alton Parkway, Suite A, Irvine, CA 92618  
www.eatphillysbest.com