



TakoSushi International, LLC 560 Walton Way Augusta, GA 30901

franchise @ tako-sushi.com

Please FAX all pages of the document to
706.722.4915

REQUEST FOR CONSIDERATION

Directions: Please fill out all sections. This information is required for an initial evaluation of your qualifications as a franchisee and will be kept strictly confidential. Completion of this sheet is not an offer to purchase a franchise and does not obligate you in any way. Should you elect to purchase a franchise, you may be required to furnish additional information.

Date _____

Part I. General Information

Name _____ Social Security Number _____

Date of Birth ___mm/___dd/___yyyy

Address _____

City _____ State _____ Zip _____ Country _____

Home phone (____) _____ Business phone (____) _____

Fax number (____) _____ Email address _____

If necessary, may we contact you at your place of business? ___ yes ___ no

Best time to contact you _____ am / pm

Marital Status: ___single ___married ___divorced

Spouses Name _____ Age _____

___ children (number) ___ Ages of children ___ ___ ___

How did you become aware of the TakoSushi franchise opportunity?

If you heard about TakoSushi through a publication, which publication and date or issue?

If you heard about TakoSushi through one of our restaurants, which location?

My preference for location (city and state) for TakoSushi restaurant is:

1st. _____

2nd. _____

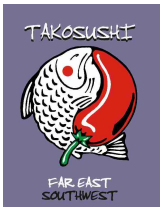
3rd. _____

My involvement would be:

____ Full-time (active owner/operator)

____ Part-time (with other business interests)

____ Absentee Owner (investment only)



Part II. Education

School Name of school, city, state Last year completed Last yr. attended Major Degree

High School

College

Graduate School

Part III. Employment History

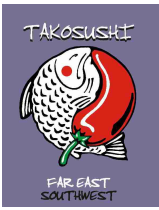
Please use the spaces below to list employment history within the past five years, or three positions held, starting with most current position.

Dates	Income	Company	Address	Position
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Part IV. References

Personal Name	Occupation	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Business Name/Creditor	Type of Account	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



Associates who would probably join with me in the finance or operation of this Venture: (Note: all associates must submit a copy of this application.)

Name	Address	Estimated Net Worth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part V. General

Have you ever owned or do you presently own a business? If so, please give details.

Do you now or have you ever owned or had an interest in a restaurant or food operation?

Do you have a background in restaurants or any food industry?
If so, please give details.

Have you ever filed for bankruptcy, had a real estate loan foreclosed, or had any liens against you? If so, please explain.

Have you ever been or are you now a party to any lawsuits? If so, please explain. _____

Have you ever been convicted of any offense? Include traffic violations for which you were fined \$500. or more. If so, explain in full, including date, charge, place, under what name and action taken. Use additional paper if necessary. _____

Part VI. Personal Financial Statement

ASSETS

Cash on Hand and in Banks (Schedule 1) \$
 U.S. Government Securities (Schedule 2) \$
 Trade Accounts and Loans Receivable
 (Schedule 3) \$
Non-Trade Accounts and Loans Receivable
 (Schedule 3) \$
 Notes Receivable Secured (Schedule 3) \$
 Notes Receivable Unsecured (Schedule 3) \$
 Life Insurance, Cash Surrender Value
 (Schedule 4) \$
 Stock and Bonds Marketable and
 Non-Marketable (Schedule 5) \$
 Real Estate (Schedule 6) \$
 Automobiles Market Value Registered
 In Own Name, number of Vehicles \$
 Other Assets, Property or Investments
 (Itemize) \$

Total Assets \$

Annual source of income

Salary and/or Fees \$
 Spouses salary \$
 Bonus and Commissions \$
 Dividends and Interest \$
 Real Estate Income \$
 Business, Profession or Royalty Income \$
 Other Income (Itemize)

Total \$

LIABILITIES

Notes Payable to Banks
 Unsecured (Schedule 1) \$
 Notes Payable to Banks
 Secured (Schedule 1) \$
Notes, Loans and Advances
 Payable to Relative \$
 Contract Accounts Unpaid \$
 Interest and Rents Payable \$
 Loans Against Life Insurance
 (Schedule 4) \$
 Accounts Payable \$
 Taxes and Assessments Payable
 (Schedule 6) \$
 Federal and State Taxes on
 Current Income \$
 Other Indebtedness (Itemize)

Total Liabilities \$
Net Worth \$
Total Liabilities and Net Worth \$

Contingent Liabilities

Guarantor Obligations \$
 Legal Claims \$
 Endorser or Co-Maker
 Obligations \$
 Leases or Contracts \$
 Liens or Special Debt \$
 Provision for Federal or Other
 Taxes \$
 Other Liabilities (Alimony,
 Child Support, Maintenance, etc.
 (Itemize)

Total \$

I understand that the information provided is confidential and affirm that it is true to the best of my knowledge. I understand that providing this information does not obligate me to purchase a franchise, nor does it obligate the franchisor to offer a franchise to me. I authorize _____ to check my credit and employment history (including obtaining a credit report), to update that information from time to time, and to conduct such other investigations as are reasonably necessary to verify the information contained in this Preliminary Information Sheet, including, without limitation, to conduct a personal background investigation. By submitting this Preliminary Information Sheet to _____, I am agreeing to the above terms.

Signature _____ Date _____



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