



Franchise Application *Please print*

PERSONAL DATA

Name (first, middle, last)		Social Security #	
Home address		Years at address	
City ()	State ()	Zip code ()	()
Home phone ()	Business phone	Cell phone / pager	
Fax number	E-mail		
Date of birth	Place of birth		
Marital status	Spouse's name	Spouse's occupation	
Previous address		Years at address	
City	State	Zip code	

EDUCATION

Name of schools, colleges, and universities attended
Degree(s)
Additional training in [management, sales, retail, food service]

BUSINESS ENTITY INFORMATION

Please indicate one of the following:

Existing entity New entity to be formed

Please indicate one of the following:

Sole Proprietorship Partnership Limited Partnership Limited Liability Company Corporation

Name of business entity:
State of formation:
Date of legal existence:
Primary business performed by business entity:

Name of owner(s), partner(s) or member(s) and percentage of ownership:

O'Charley's® Franchise Application

1.	Percentage of Ownership:	%
2.	Percentage of Ownership	%
3.	Percentage of Ownership:	%
4.	Percentage of Ownership:	%

BUSINESS DATA

Do you have experience in operating a restaurant? Yes No If yes, please explain

Who will run day-to-day operations? Me other if other, explain

Have you (and, if applicable, any partners, officers, directors, or shareholders) been subject to or convicted of any administrative, criminal, or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property, or comparable allegations?

Yes No If yes, please explain fully on separate sheet.

Have you (and, if applicable, any partners, officers, directors, or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in a partnership that was adjudged bankrupt or reorganized due to insolvency?

Yes No If yes, please explain fully on a separate sheet.

GENERAL INFORMATION

Will your franchise investment come from your own capital? Yes No

Are you willing to relocate? Yes No

When do you plan to open your first O'Charley's®? _____

How did you learn about O'Charley's®? _____

O'Charley's ® Franchise Application (continued)

FINANCIAL INFORMATION - PERSONAL

Please attach a copy of your current personal monthly checking and saving account statement.

ASSETS

Cash on hand & in banks	\$
U.S. Government securities	\$
Trade accounts and loans receivable	\$
Notes receivable – secured and unsecured	\$
Life insurance – cash surrender value	\$
Stocks & bonds	\$
Real estate	\$
Automobiles – market value	\$
Other assets, property, or investments (please itemize below)	
	\$
	\$
	\$
	\$
	\$
	\$
Total assets	\$

LIABILITIES

Notes payable to banks	\$
Notes, loans, accounts payable to others	\$
Credit card debt	\$
Loans against life insurance, 401k	\$
Property taxes & assessments payable	\$
Mortgages payable on real estate	\$
Liens on real estate	\$
Federal & state taxes on current income	\$
Other debts (please itemize below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total liabilities	\$

ANNUAL SOURCES OF INCOME

Salary	\$
Bonuses & commissions	\$
Dividends & interest	\$
Real estate income	\$
Business income	\$
Other income (please itemize) below	
	\$
	\$
	\$
	\$
	\$
	\$
Total annual income	\$

NET WORTH

Total assets	\$
Less total liabilities	- \$
Net worth	\$

O'Charley's ® Franchise Application

FINANCIAL INFORMATION - BUSINESS

Please attach a copy of your balance sheet and income statement for your preceding 3 annual years.

ASSETS

Cash on hand & in banks	\$
U.S. Government securities	\$
Accounts receivable	\$
Notes receivable – secured and unsecured	\$
Stocks & bonds	\$
Real estate	\$
Inventory	\$
Property and Equipment	\$
Other assets, property, or investments (please itemize below)	
	\$
	\$
	\$
	\$
	\$
	\$
Total assets	\$

LIABILITIES

Notes payable to banks	\$
Notes, loans, accounts payable to others	\$
Accrued expenses	\$
Income taxes payable	\$
Capital lease obligations	\$
Other debts (please itemize below)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total liabilities	\$

NET WORTH

Total assets	\$
Less total liabilities	- \$
Net worth	\$

GEOGRAPHIC AREA(S) OF INTEREST

First choice:

 City County State

Second Choice:

 City County State

Third Choice:

 City County State

O'Charley's ® Franchise Application

EMPLOYMENT HISTORY

1. Company name _____ From _____ To _____

Address _____

Type of business _____

Responsibilities and number of employees supervised _____

2. Company name _____ From _____ To _____

Address _____

Type of business _____

Responsibilities and number of employees supervised _____

3. Company name _____ From _____ To _____

Address _____

Type of business _____

Responsibilities and number of employees supervised _____

May we contact your present employer Yes No

Employer contact: _____ phone : (_____) _____

Are you a U.S. citizen? Yes No If not, what country? _____

BUSINESS REFERENCES (provide at least three)

1. Name _____ Address _____

City _____ State _____ Zip code _____

(_____) _____

Phone _____

2. Name _____ Address _____

City _____ State _____ Zip code _____

(_____) _____

Phone _____

3. Name _____ Address _____

City _____ State _____ Zip code _____

(_____) _____

Phone _____

O'Charley's® Franchise Application

PERSONAL REFERENCES (provide at least three)

1. Name	Address	
City ()	State	Zip code
Phone		

2. Name	Address	
City ()	State	Zip code
Phone		

3. Name	Address	
City ()	State	Zip code
Phone		

AUTHORIZATION FOR RELEASE OF INFORMATION – Applications must be signed to be processed.

I hereby attest to the accuracy of the financial statements contained in this confidential O'Charley's® application. I authorize O'Charley's or its agents to verify the data submitted, to obtain a consumer credit report, and to make such additional credit, background, or character confirmations it deems necessary. I further allow O'Charley's and its agents to contact past and present employers, schools, financial and law enforcement agencies, and any other person or source for the purpose of obtaining information about my finances, character, employment, skills, and criminal and credit history. I release all such sources and their agents and employees from all liability for providing this information.

I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original. I authorize O'Charley's to release to prospective financing sources any information concerning me that may be requested by them.

O'Charley's agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a O'Charley's® franchise.

O'Charley's ® Franchise Application

This Application was signed and delivered to O'Charley's on _____, 200__.

APPLICANT:

SIGNATURE FOR INDIVIDUAL APPLICANT(S):

X _____ X _____

Print Name

Print Name

SIGNATURE FOR CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR OTHER ENTITY:

Applicant Name: _____

By: _____
(Signature)

Name: _____

Title or Capacity: _____

Please mail or fax application to ...

O'Charley's, Inc.
3038 Sidco Drive
Nashville, TN 37211

Fax: 615-782-5031
e-mail: ocfranchise@ocharleys.com