



New York NY Fresh Deli

Preliminary Application

Return To: Brand Equity Development 660 Adams Street, Denver, CO 80206

Phone (303) 800-4709 • Fax (303) 355-1433

Personal

Name _____ Social Security No. _____
Address _____
City _____ State _____ Zip _____
Home Telephone _____ Cell/Pager _____ e-mail _____
Date of Birth _____ Marital Status _____ Spouses Name _____
Employer _____
Business Address _____
City _____ State _____ Zip _____ Business Telephone _____
Position _____ Salary _____ Other Income _____
Spouse's Employer _____ Income _____
Home Rent Own How Long? _____
Former Residence _____ How Long _____
Are you a U.S. Citizen? Yes No If No, What Country? _____

Business Experience (Present or Last Position First)

Name _____
Address _____
Phone _____ Nature of Business _____
Position & Responsibilities _____

Name _____
Address _____
Phone _____ Nature of Business _____
Position & Responsibilities _____

Name _____
Address _____
Phone _____ Nature of Business _____
Position & Responsibilities _____

Personal References

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information

1. Are you related to any officer, employee or franchisee of New York New York Franchising, Inc? Yes No
If yes, who? _____
2. Are you or your employer providing goods or services to this company? Yes No
If yes, what? _____
3. How did you hear about the New York NY Fresh Deli franchise opportunity? _____
4. If accepted, when would you be ready to start? _____
5. Do you intend to operate the business yourself? Yes No
If not, who will assist you? _____
6. A New York NY Fresh Deli franchise operates within the parameters of a specific system.
Would this present a problem for you? Yes No
If yes, why? _____
7. Do you now, or have you owned any kind of franchise? Yes No
If yes, what? _____ When? _____
8. Do you now, or have you in the past operated a restaurant? Yes No
If yes, what? _____ When? _____
9. City/Territory/Area preferences:
1. _____ 2. _____ 3. _____
10. Amount of cash available for an investment of this type. _____ Source _____
11. If you are awarded a New York NY Fresh Deli franchise, how do you plan to provide the funds for the initial investment?

12. What is your estimated net worth? _____
13. I have enough income to maintain my current lifestyle without spending funds allocated for development of my New York NY Fresh Deli franchise until opening Yes No
14. Are you or anyone in your immediate family currently under any form of non-competition agreement that limits your right to operate any business Yes No If yes, please describe: _____
15. Have you ever filed personal bankruptcy? Yes No When? _____
16. Please feel free to make any additional comments you like, either concerning yourself, the New York NY Fresh Deli opportunity, your personal plans and so forth: _____

I understand that the information I will receive from New York New York Franchising, Inc. is highly confidential, and has been developed at a great deal of time, effort and expense by the Company, and is being made available because of this Preliminary Application and that the information I will receive will be held in the strictest of confidence. I agree that I will not divulge or use any proprietary or confidential information or data, which may be made available to me, and/or my associates without written authorization from New York New York Franchising, Inc. or without benefit of a franchise. I further understand that the filing of this Preliminary Application does not obligate me to buy a franchise, or for New York New York Franchising, Inc. to issue me a franchise.

Sign _____ Date _____