

FiRE+iCE®  
An Improvisational Grill®

Preliminary Franchise Information Request

*Confidential*

The information provided in this form will be used by RoundGrille Franchise Systems, Inc.® in its evaluation of potential franchisees. Additional information may be requested by the franchisor. All individuals who may be owners of the franchise entity must complete a separate Preliminary Franchise Information Request. By providing this information neither RoundGrille Franchise Systems, Inc.® nor the potential franchise are obligated in any way. The franchisor will make reasonable efforts to keep the information provided confidential.

RoundGrille Franchise Systems, Inc.®  
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(617) 948-2199 ext. 330  
[www.fire-ice.com](http://www.fire-ice.com)

## I. Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Location Preferences: (City/ State)

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Have you ever been convicted of, pled guilty or pled no contest to a felony or misdemeanor (other than a minor traffic violation)? (y/n) \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

Are you currently, or have you ever been a plaintiff or defendant in any legal proceedings?(y/n) If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

## II. Educational History

	Name/Location	Degree
High School:	_____	_____

College:	_____	_____
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Graduate School:	_____	_____
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Licenses/Certifications/Affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Business/Operational Experience

Are you legally eligible to conduct business in the United States? \_\_\_\_\_  
Canada? \_\_\_\_\_

Are you currently affiliated with a franchise operation? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments or obligations that may interfere with your participation in our franchise program? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please detail current and previous work experience and include at least the last 10 years of work history. Attach additional pages if necessary.**

**Company:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Classification:** \_\_\_\_\_ **Employed from** \_\_\_\_\_ **to** \_\_\_\_\_

**Restaurant/Retail related duties:** \_\_\_\_\_  
\_\_\_\_\_

**Company:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Business Classification:** \_\_\_\_\_ **Employed from** \_\_\_\_\_ **to** \_\_\_\_\_

**Restaurant/Retail related duties:** \_\_\_\_\_  
\_\_\_\_\_

## IV. Financial Information

Please provide a detailed schedule that lists all your assets and liabilities (including contingent liabilities) in a form acceptable to your accountant or financial advisor.

Please provide at least one Financial/Banking Reference that we may contact and discuss your financial information with.

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

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## V. Other

Has any person employed by or associated with RoundGrille Franchise Systems, Inc.<sup>®</sup> or FiRE+iCE<sup>®</sup> made any commitments to you or any person associated with your organization? (y/n)\_\_\_ If yes, please explain. \_\_\_\_\_

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If you enter into a Franchise Agreement who will operate the restaurant? \_\_\_\_\_

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Who will be the members of your team? \_\_\_\_\_

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What applicable experience do they have? \_\_\_\_\_

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I certify that the information provided above is complete and accurate. Also, I authorize you to make investigations into my credit, ability and character and to contact anyone to obtain information about me. I hereby release any persons from any damages or liability that may be incurred as a result of the investigation or the releasing of information associated with that investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_