

**Brigs Enterprises, Inc.
Franchise Development
Request For Consideration Form**



THE PURPOSE OF THIS **REQUEST FOR CONSIDERATION** IS TO PROVIDE GENERAL INFORMATION FOR USE IN EVALUATING YOUR QUALIFICATIONS TO BE AWARDED A **BRIGS RESTAURANT** FRANCHISE. THIS IS NOT AN APPLICATION NOR A SOLICITATION. SHOULD YOU QUALIFY AND A MUTUAL INTEREST DEVELOPS, WE WILL REQUEST ADDITIONAL INFORMATION, AND PROVIDE YOU WITH A FRANCHISE AGREEMENT AND A FRANCHISE OFFERING CIRCULAR.

THIS FORM MUST BE COMPLETED AND MAILED TO:

**Brigs Enterprises, Inc.
ATTN: Franchise Development
604 Bent Ridge Place
Raleigh, NC 27615-3166**

(To be completed by each proposed partner of the Franchise Group) PLEASE PRINT OR TYPE

PERSONAL DATA

Name: _____

Address: _____

If less than 4 years, Prior Address: _____

Phone: _____ Best time to call: _____

Would you like to communicate by email? Yes ____ No ____

Your email address: _____

How did you become aware of this franchise opportunity? _____

BUSINESS EXPERIENCE

Have you ever owned a business? ____ If yes, what type? _____

Are you still involved with it? ____ If so, how? _____

If not, how so? _____

Present/Most Recent Occupation: _____

Restaurant/Food Service or Related Retail Experience: _____

Other Business Affiliations (Officer, Director, Partner, Etc.): _____

BUSINESS GOALS

Do you plan to devote full time to this business? Yes _____ No _____

Geographical Preference: _____

Why do you believe you can successfully open and operate a Brigs Restaurant Franchise?

Do you have partners? Yes _____ No _____ If Yes, Please identify all partners:

<u>Name</u>	<u>Telephone Number</u>	<u>Equity or Operator</u>
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Unencumbered Liquid Assets Available to invest in the Business: _____

What do you anticipate to be the sources of your opening capital? _____

SIGNATURE: _____ DATE: _____

PLEASE ATTACH RESUME IF AVAILABLE