

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

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

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

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

City: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Years There: \_\_\_\_\_

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

Your email address: \_\_\_\_\_

Would you like to communicate by email? Yes \_\_\_\_ No \_\_\_\_

How did you become aware of this franchise opportunity? \_\_\_\_\_

\_\_\_\_\_

**BUSINESS EXPERIENCE**

Have you ever owned a business? Yes \_\_\_\_ No \_\_\_\_ If yes, what type? \_\_\_\_\_

\_\_\_\_\_

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>Address</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**