



Application for Additional Information

The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise. Complete in full and do not use abbreviations. Please print clearly or type.

YOUR PERSONAL INFORMATION

Date MM / DD / YYYY Where did you hear about the BAJIO® franchise? _____

Name _____ Citizen of _____
First Last Middle Initial

Date Of Birth MM / DD / YYYY Tax ID/Social Security Number _____ Gender - Male Female

Other names known by _____ Are you of legal age in your State/Province/Residence Area? Yes No

Have you ever been convicted of a felony?
Yes No

Have you ever been associated directly or indirectly with terrorist activities?
Yes No

Have you been involved in any litigation (If yes, on a separate sheet of paper provide the following for each proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)
Yes No

Telephone(Home) _____ (Fax) _____ (Mobile) _____
area code / country & city code area code / country & city code area code / country & city code

Residence Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Email Address _____

SPOUSE PERSONAL INFORMATION (Use A Separate Application for Partners)

Spouse's Name _____ Citizen of _____
First Last Middle Initial

Date Of Birth MM / DD / YYYY Tax ID/Social Security Number _____ Gender - Male Female

Other names known by _____ Are you of legal age in State/Province/Residence Area? Yes No

Have you ever been convicted of a felony?
Yes No

Have you ever been associated directly or indirectly with terrorist activities?
Yes No

Have you been involved in any litigation (If yes, on a separate sheet of paper provide the following for each proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding.)
Yes No

EDUCATIONAL BACKGROUND

Highest Education Achieved	Schools Attended	Years	Grade or Degree Attained
<input type="checkbox"/> College Degree or higher	_____	_____	_____
<input type="checkbox"/> Some College	_____	_____	_____
<input type="checkbox"/> High School/GED	_____	_____	_____
<input type="checkbox"/> Didn't Complete High School	_____	_____	_____

BUSINESS INFORMATION (Complete All Questions)

Self Employed Employed By _____

No. Years _____ Nature of Business _____

Title _____ Describe Position _____

Address _____

City _____ State/Province _____ Zip/Postal code _____

Telephone (Bus.) _____ Telephone (Alt.) _____
area code / country & city code area code / country & city code

Select Your Business Experience Level

- Restaurant Mgmt.
- Other Business Mgmt.
- Restaurant Non-Mgmt.
- No Business Experience

May we contact you at work?

Yes No

FINANCIAL INFORMATION (Please List Figures in US Dollars)

Income from current occupation \$ _____ / yr. Individual Liquid Assets (Cash, Stocks etc.) a)\$ _____

Income from other sources \$ _____ / yr. Individual Fixed Assets (Home, Car etc.) b)\$ _____

Pls. explain other income _____ Individual Total Assets (a + b) c)\$ _____

Personal Bank(s)/Branch Address _____ Individual Liabilities (Mortgages, Loans etc.) d)\$ _____

Your Individual Total Net Worth (c - d) e)\$ _____
Excluding any financing listed below.

Would this business be your sole income source? Yes No

Is there other financing not included in (e) above? Yes No

If yes, how much financing is available? \$ _____

REFERENCES (Excluding Relatives)

Name	Address	Telephone (area code/country & city code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARTNERS (All partners should fill out a separate Application)

Will you have partner(s)? Yes No If not, you may skip this section. Otherwise, please complete all relevant sections below.

Partner's Name: _____	<input type="checkbox"/> Active <input type="checkbox"/> Silent	% Ownership	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Last Middle Initial		_____	
Partner's Name: _____	<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Last Middle Initial			
Partner's Name: _____	<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Last Middle Initial			
Partner's Name: _____	<input type="checkbox"/> Active <input type="checkbox"/> Silent	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Last Middle Initial			

To include a partner's financial information, ensure they complete a separate Application for Additional Information

RESTAURANT OPERATIONS

If qualified, when will you invest in a franchise?	How involved will you be in operating the restaurant?	Preferred Geographic Franchise Area
<input type="checkbox"/> Now	<input type="checkbox"/> 0% Not Involved At All	1st Pref. _____
<input type="checkbox"/> Within 6 months	<input type="checkbox"/> 50% Somewhat Involved	2nd Pref. _____
<input type="checkbox"/> 6 months to 1 year	<input type="checkbox"/> 100% Completely Involved	Estimated training date should you choose to invest: <u>MM / DD / YYYY</u>
<input type="checkbox"/> Over 1 year		

I understand that the granting of a franchise is at the sole discretion of the Franchisor (Bajio, LLC.) I understand that any information I receive from the Franchisor or from any employee, agent or franchisee of the Franchisor is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to me solely because of this Application. I agree that I shall treat and maintain all Confidential Information as confidential, and I shall not, at any time, without the express written consent of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my own benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

I authorize the procurement of an investigative consumer report, a general background search and an investigation in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the US Government (collectively referred to as "Investigations"). I understand that these Investigations may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of these Investigations. I hereby release a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor, its officers, agents, employees, and/or servants from any liability arising from the preparation of these Investigations.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of the Franchisor, a credit bureau, security consultant or other investigative service provider selected by the Franchisor and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for these Investigations by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for the grant of a BAJIO® franchise from Franchisor, exclusively by final and binding arbitration at a hearing to be administered by a neutral arbitrator in accordance with the Commercial Rules of the American Arbitration Association and to be held at New York, New York, USA, unless my local laws require otherwise. Such claims include, but are not limited to, claims under federal, state, provincial or common law, such as employment law, civil rights law, contract law and tort law.

Everything that I have stated in this application is true and I understand that the information provided by me will be relied upon by the Franchisor. In accordance with anti-terrorist legislation, I understand that I will not be approved to purchase a franchise if I have ever been a suspected terrorist or associated directly or indirectly with terrorist activities. I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam, unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular.

Date _____ Applicant's Signature (required) _____

Date _____ Spouse's Signature (required) _____

Submit your completed application in one of the 2 convenient ways listed -	<p>◆ Online - at www.bajiomexicangrill.com</p> <p>◆ By Fax - to 801-655-5042</p> <p>◆ By Mail - to Bajio National, LLC - Attn: Liz Hunter, 551 East State Rd., Ste 101 American Fork, UT 84003</p>
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