

# Colton's Steak House & Grill

## INDIVIDUAL FRANCHISE APPLICATION

**Personal Data:** (To be completed by each partner)

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Full Name:

\_\_\_\_\_  
First Middle Last (Nickname)  
Current Residence: Years at this address \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Previous Residence: Years at this address \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ DOB \_\_\_\_\_

SSN \_\_\_\_\_ DL# & State \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

### Site Information:

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Have you selected a specific site? \_\_\_\_ No \_\_\_\_ Yes If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Statement of Certification and Authorization:

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I certify that the information contained in this application and attachments to this application are true and complete. The information provided on this application is an important step for the processing of my franchise application. The submission of this information does not obligate Franchisor or myself in any way or manner. I authorize any investigation including, but not limited to, additional credit/character checks which Franchisor (or its subsidiaries or divisions) deem necessary, and I release from liability any person giving or receiving any such information. I agree to advise Franchisor immediately of any material changes in any of the information contained in this application. All information will be kept confidential and shared only with Franchisor's employees and officers who need to be informed of such investigations and findings.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date