

Submit to:  
**Pickleman's Franchising, LLC**  
 A Missouri limited liability company  
 PO Box 467  
 Hallsville, MO 65255  
 (573) 673-5767  
 franchising@picklemans.com  
 www.picklemans.com



# Confidential Information Request

The purpose of this Confidential Information Request is to give Pickleman's Franchising, LLC (the "Company") general information that will allow us to evaluate your qualifications to be awarded a Pickleman's Gourmet Café franchise. Completion of this questionnaire in no way obligates you or the Company. All will that you provide will be used solely to evaluate whether you qualify to be awarded a Pickleman's Gourmet Cafe franchise. Submission of this questionnaire will entitle you, if you qualify, to receive more information about the Company and the Pickleman's Gourmet Cafe franchise.

This is not an application. Should you qualify and a mutual interest develops, we will request additional information.

This is not an offering. An offering can only be made by prospectus, which will be provided to you in a timely manner as required by applicable law.

## PERSONAL INFORMATION

Last Name		First Name		Middle Name		Social Security Number	
Date of Application (MM/DD/YY)		Birth Date (MM/DD/YY)		Age	Email address		Telephone Number ( )
Current Address			City	State	ZIP	How long?	
Previous Address			City	State	ZIP	How long?	
Marital Status		Full Name of Spouse			Occupation of Spouse		
Names and Ages of Dependent Children							
Name				Age			
Name				Age			
Name				Age			
Name				Age			

## APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a group?
Please explain fully
Amount of capital available for this business
Describe fully

Territory for which application made	Would you consider any other area?
What area(s)?	

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

## EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of School	Dates of Attendance (MM/DD/YY) To	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)

## BUSINESS & EXPERIENCE RECORD

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE. INDICATE BY ASTERISK (\*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

Have you been in business for yourself?		
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address Of Employer		
Position, Title & Duties		
Dates Of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$

**PHYSICAL CONDITION**

**INCOME**

General Physical Condition	Date of Last Physical Exam	YEAR	
List Any Physical Impairments Or Chronic Illnesses Which May Preclude Certain Types Of Activities	Explain	EARNED (salary, commissions, fees, etc.)	\$ _____
		INTEREST & DIVIDENDS RECEIVED	\$ _____
		RENTS RECEIVED	\$ _____
		OTHER INCOME	\$ _____
		_____	\$ _____
		_____	\$ _____
		GROSS INCOME	\$ _____

**REFERENCES**

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES.

1. Name	Address	Telephone	( )
2. Name	Address	Telephone	( )
3. Name	Address	Telephone	( )

PLEASE LIST THREE CREDIT REFERENCES.

1. Name	Address	Telephone	( )
2. Name	Address	Telephone	( )
3. Name	Address	Telephone	( )

BANK REFERENCES

1. Name	Address	Telephone	( )
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**CRIMINAL BACKGROUND**

Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
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**CONTINGENCIES**

Do You Have Any Contingent Liabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If So, Please Itemize:	
Are Any of Your Assets Pledged?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
Are You a Defendant in Any Suits or Legal Actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

**CONFIDENTIAL FINANCIAL STATEMENT**

DATE: YEAR: 20

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted in Banks (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No. 1)	\$
U.S. Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No. 1)	\$
Accounts & Loans Receivable (See Sched. No. 2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No. 2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 3)	\$
Real Estate (See Sched. No. 5)	\$	Accounts Payable	\$
Automobiles Registered in Own Name	\$	Interest Payable	\$
Other Assets (itemize)	\$	Taxes & Assessments Payable (See Sched. No. 5)	\$
		Mortgages Payable on Real Estate (See Sched. No. 5)	\$

		Other Liabilities (itemize)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

**SUPPLEMENTARY SCHEDULES**

<b>NO. 1 BANKING RELATIONS</b> (A list of all my bank accounts, including savings & loans)				
Name & Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

<b>NO. 2 ACCOUNTS, LOANS &amp; NOTES RECEIVABLE</b> (A list of the largest amounts owing to me.)					
Name & Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

<b>NO. 3 LIFE INSURANCE</b>								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>NO. 4 BANKING RELATIONS</b>							
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged	
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		

<b>NO. 5 REAL ESTATE</b> (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:)								
Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

"I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C. 552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to the Franchisor. If requested by the Company, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that the Company is relying upon all the above information as a material factor in considering my application to become a franchisee, and I heretofore agree to promptly notify the Franchisor of any material change in any of the above information or any subsequent

information provided to franchisor. In addition, I release all persons from liability as a result of true, accurate information. Further, Company Trade Secrets will not be disclosed by me to any other person or business entity, and will not be used by me in any manner outside the evaluation process, either during or after the evaluation process."

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Signature

Date

### CERTIFICATION

I hereby certify that the information provided in this Application is true and correct to the best of my knowledge. I hereby give my permission to Pickleman's Franchising, LLC ("PF") to conduct any investigation it deems necessary for the processing of this Application. I understand that PF has the right to request additional information as well as supporting documentation with respect to this application. I understand that this is not an offer to purchase or sell an PF franchise, and that I must first receive a franchise disclosure document from and be approved by PF before I can be accepted as a franchisee. I further understand that even if I am approved as a PF franchisee, such approval is not assurance that I will be successful or that I am qualified to operate the PF business. I certify that I am in good faith considering the possible purchase of an PF franchise, and that I am completing this Application and investigating an PF franchise solely for the purpose or considering the purchase of an PF franchise. To maintain the confidentiality of all information and data concerning the PF franchise system, I agree that all information I receive is provided to me on a strictly confidential basis. I agree to maintain this trust, and further agree not to divulge to any other person(s) or entities any confidential business information about the PF system or PF, or any of PF's affiliates, and I agree not to use any information supplied me to compete, or aid others to compete, directly or indirectly, with PF, any of its affiliates, or any of its franchisees or licensees.

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Signature

Date

### DELIVERY OF FRANCHISE DISCLOSURE DOCUMENT

If you want to receive the FDD in an electronic version, you will need a PC, Windows version 2000 or higher, Adobe Acrobat version 5.0 or higher and an Internet connection allowing downloading of documents of this size; approximately 551 KB. You may wish to receive your disclosure document in paper (hard copy) format if that is more convenient to you.

To discuss the availability of disclosures in different formats, contact Douglas Stritzel, Pickleman's Franchising, LLC, at 1106 East Broadway, Columbia, Missouri 65201.

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

I, the person signing below, hereby authorize Pickleman's Franchising, LLC ("PF") to investigate my background and qualifications for purposes of evaluating my qualifications be an PF franchisee. I understand such investigation may include, without limitation, information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that PF will utilize an outside firm or firms, such as a consumer reporting agency, to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the PF's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for a franchise will not be processed further.

I understand that, if I am approved to become an PF franchisee, PF may rely on this authorization and have additional background checks conducted during and throughout the term of my franchise agreement without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employer; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public section repositories of information; and any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agency.

I understand that upon written request, PF will make a complete and accurate disclosure of the nature and scope of the investigation requested not later than five days after the date of the request or the date PF requested the report, whichever is the later. I acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act.

I agree that a facsimile or PDF copy of this Authorization with my signature can be used in place of the original.

I certify that the information provided on this form and my application is true and correct, and that dishonesty will disqualify me from consideration as a franchisee, or if I do become a franchisee, a misrepresentation can result in a termination of my franchise.

\_\_\_\_\_  
Last Name M.I. First Name

Maiden Name, if applicable: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Driver's License Number for State of \_\_\_\_\_

\_\_\_\_\_  
Street

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Applicant Date

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429



	800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051