



hapa SUSHI GRILL
SAKE BAR

Hapa Sushi Grill and Sake Bar Franchisee Evaluation Form

Please complete and return this form to:
Hapa Franchise Group, Attn: Meaghan Goedde
1137 Pearl Street Boulder, CO 80302
Fax: 303-938-9334

Applicant's Name: _____
Last First Middle

Address: _____
Street Apt. # City State Zip Code

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Email: _____

Current Employer: _____
Name City State

Social Security No. _____ Drivers License No. _____ Marital Status _____

Date of Birth: _____ No. of Dependents _____ Spouse's Name: _____

Are you a U.S. citizen? Yes _____ No _____

Previous Employers

Name: _____ City _____ State _____ Phone _____

From _____ to _____ Position _____

Name: _____ City _____ State _____ Phone _____

From _____ to _____ Position _____

Other Principals and Management

Investors/associates who will join you in this venture. Please have each fill out one of these forms.

	Individual	Address	% Ownership	% Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Personal And Professional References

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Monthly Income

Salary, Wages\$ _____ Bonus, Commissions\$ _____ Dividends, Interest\$ _____

Real Estate Income\$ _____ Notes/AR\$ _____ Other Income\$ _____

Total Monthly Income \$ _____

Assets		Liabilities	
Cash	\$	Secured notes payable to others	\$
Marketable securities	\$	Unsecured notes payable to others	\$
Non-readily marketable securities	\$	Accounts payable	\$
Accounts and notes receivable	\$	Margin accounts	\$
Net cash surrender value of life insurance	\$	Notes due: Partnership	\$
Residential real estate	\$	Taxes payable	\$
Real estate investments	\$	Mortgage Debt	\$
Partnership/PC interests	\$	Life Insurance loans	\$
IRA, profit sharing, other vested retirement accounts	\$	Other Liabilities	\$
Deferred income	\$		\$
Personal property	\$		\$
Other Assets	\$		\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$

Total Net Worth \$ _____

Will the franchise business be your sole source of income? _____

Total unencumbered liquid capital readily available for use in the franchise business. \$ _____

What is the source of this unencumbered liquid capital? _____

How do you anticipate financing the balance of the total investment? _____

How many hours per week do you anticipate working in your business? _____

In what city and state would you like to open your franchise? _____

Would you be willing to consider other areas to open your franchise? What areas? _____

How soon would you be prepared to open your franchise? _____

When would you be available to meet with one of our representatives? _____

I hereby certify that the information supplied in this Franchisee Evaluation Form and other financial statements made by me are true and correct. I agree to have all information confirmed by one of your representatives and I authorize you to check references and conduct such additional credit checks as deemed necessary. I further understand that submission of this information does not obligate either of the parties to purchase or sell a franchise.

Applicant's Signature: _____ Date: _____