



Return all Documents to:
Rustica Franchise Company Inc., 605 Lincoln Road, Suite 240, Miami Beach, Florida 33139
Fax: 305-535-8382

A completed application is required from all equity partners with ownership interest

Name	Social Security #	Date of Birth	Citizenship
Spouse's Name	Social Security #	Date of Birth	Citizenship
Street Address	City		State Zip
Home Phone	Office Phone	Cell Phone	E-Mail Address

Confidential: This application does not obligate either party in any manner.
Authorization to Release Information

I, the undersigned, _____, having made application to Pizza Rustica, for the issuance of a Pizza Rustica Franchise ("Franchise") to me, or to _____ (the "Company"), a proprietorship (), partnership (), or corporation (), of which I as the/a proprietor (), partner (), office (), director (), or beneficial owner of 10% or more of the equity/capital stock (), (check each applicable item), hereby authorize Pizza Rustica or such agents or designees as Pizza Rustica may from time to time appoint, to make such inquiries and to do such investigation as may be deemed necessary or appropriate to verify information given by me concerning my present or past employment, businesses, credit and financial history, education, and character and reputation.

I hereby authorize and direct any and all persons having knowledge of me and/or any of the aforementioned matters as they relate to me, or such information as they may think relevant to consideration of my application, to release such information to Pizza Rustica or its agent or designee.

I specifically authorize and direct any and all departments or agencies of government, whether federal, state, or local, including any and all law enforcement agencies, to accept this or a photo static reproduction hereof as my authorization to release information to Pizza Rustica or its agents or designee information concerning me, including, but not limited to records of any arrest or detention, military personnel records, records of licensure or registration and, any and all applications, background reports, or regulatory files kept or received in connection with such licensure or registration, or any other information pertaining to me as though such information were being released to me.

I release each and every department or agency which may be requested to, or which does furnish information about me from any requirement to notify me of presentation of such request or release present to this authorization, or a photo static reproduction hereof, except where may be required by law.

I understand that investigation of me may touch upon or include requests for information concerning my character, credit, personal habits and associates now, or in the past. I further understand that information about me may be reviewed, reevaluated, or up-dated from time to time. I agree that if Pizza Rustica shall grant a Franchise to me or the Company, this authorization shall remain in full force and effect for as long as the Franchise shall remain extant. I certify that I have read each of the provisions of this Authorization and understand each provision.

THE UNDERSIGNED certifies that the information supplied on this form and any financial information submitted on other forms is true and correct.

Signature (Applicant) Date

Signature (Spouse) Date

Miscellaneous Information:

	Yes	No
Have you ever been convicted of anything other than traffic violations?		
Has any judgment ever been made against you or your company or your employer where you were one of the litigants?		
Are you involved in pending litigation?		
<i>If you answered yes to any of these questions, please attach detailed information.</i>		
Have you or your spouse ever declared bankruptcy? If yes, please attach detailed information.		
Have you ever owned your own business or franchise? If yes, please attach detailed information.		
Have you ever had a business failure? If yes, please attach detailed information.		
Are you or your employer providing products, goods or services to Pizza Rustica or to franchisees of Pizza Rustica? If yes, please attach detailed information.		
Will you devote your full time to this business?		
Are you willing to relocate for a franchise opportunity?		

Please indicate where you obtained Pizza Rustica's contact information. Please be specific.

Pizza Rustica Website _____ Other Website _____ Trade Show / Conference _____
 Google _____
 Direct Mail _____ Radio _____ TV _____ Magazine _____
 Pizza Rustica Restaurant _____ Referral _____ Other _____

New Build – Geographic Interest

First Choice		2 nd Choice			3 rd Choice		
Address/ Area		Address/ Area		Address/ Area			
City		City		City			
State		State		State			
Zip		Zip		Zip			
Property Owned	Yes _____ No _____	Property Owned	Yes _____ No _____	Property Owned	Yes _____ No _____		

Venue Type (Due to current development priorities, some venue types may not be available in all areas)

Freestanding _____
 In / Strip Center _____ Captive Audience (Mall, airport, University) _____

Buy Stores – Geographic Interest

Please check/ list the areas you are interested in buying

City	
County	
State	
Region	
DMA	

Please check the number of stores you are looking at buying

1 - 2	
3 - 5	
6 - 10	
10 +	

Do you have a Lending Institute in place for buying stores? Yes _____ No _____

If yes, please list name of Lending Institute: _____
