



License Application

Full Name	Social Security #	Date of Birth
Spouse/Partner's Full Name	Social Security #	Date of Birth

Home Address	Mailing Address (if different from home address)
Business Address	Proposed LFC Location (if known)

Home Phone () -	Business Phone () -	Email Address
Cell Phone () -	FAX () -	Other

Assets		Liabilities	
Checking Account	\$	Mortgage Dept	\$
Savings Account	\$	Credit Card Debt	\$
Other Financial Institutions	\$	Car Loans	\$
Real Estate	\$	Other Personal Debt	\$
Other:	\$	Current Taxes Owed	\$
	\$	Other:	\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
New Worth (Assets - Liabilities)	\$		

Real Estate: Location/Description	Assessed Value	Amount Owed	Income
	\$	\$	\$ /mo
	\$	\$	\$ /mo
	\$	\$	\$ /mo
	\$	\$	\$ /mo

(Continued on other side)

Have you ever declared bankruptcy? Yes ___ No ___
If yes, date of bankruptcy: _____

Are you married? Yes ___ No ___
If so, are any of the listed assets in your spouse's name or separate property?
Yes ___ No ___
Please give details:

Are there any suits, judgments, tax deficiencies or other claims pending or in process
against you? Yes ___ No ___
Please give details:

Please Circle the name of the person at LFC you have been in contact with:

Dan Dion

Michael Eng

Jerry Pe

In submitting the foregoing statement, both the printed and written portions of which I have carefully read, I guarantee that this is an accurate representation of my/our financial standing. I warrant that I have no known obligations, direct or contingent, which have not been set forth hereon and that I have not knowingly withheld any material information of an adverse nature. I/We hereby authorize you to obtain a report from any credit reporting agency or from any other source(s) pertaining to my/our credit history. All information in this application will be held strictly confidential.

Signature

Print Name

Date

Signature

Print Name

Date

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