



Old Fashioned Style
PrimoHoagies
 IT'S NOT JUST A HOAGIE...IT'S A PRIMO!



PrimoHoagies Initial Investment Overview

Fast Facts:

Type of Expenditure	Low Amount	High Amount	Method of Payment	When Due	To Whom Payment is to be made
Initial Franchisee Fee	\$35,000	\$35,000	Lump Sum	Upon Signing of Franchise Agreement	Franchisor
Signs, Fixtures, Equipment	\$45,000	\$70,000	As Incurred	30 days before scheduled open date	Suppliers
Computer System	\$12,900	\$12,900	Lump Sum	30 days before scheduled open date	Suppliers
Inventory	\$8,000	\$9,000	Lump Sum	1 day before scheduled open date	Suppliers
Lease Deposits, First Month's Rent	\$4,000	\$6,000	Lump Sum	Upon Signing of Franchise Agreement	Landlord
Leasehold Improvements, Permits, Designs, Painting	\$20,000	\$85,000	As Incurred	As necessary during construction beginning 90 days prior to opening	Contractors
Grand Opening	\$8,000	\$8,000	As Incurred	Within 90 days after opening	Suppliers
Printing / Supplies	\$500	\$500	Lump Sum	30 prior to opening	Suppliers
Insurance, Licenses and Utility Deposits	\$10,900	\$15,900	As Incurred	Two weeks prior to opening	Insurance, Utility Companies and Government
Travel, Lodging and Meal Expenses during Training	\$500	\$500	As Incurred	As Incurred	Purveyors
Additional Funds	\$20,000	\$20,000	As Incurred	As Incurred	Employees, Suppliers and Utilities
	\$164,800	\$262,800			

All amounts other than Initial Franchise Fee are approximate and represent best estimates of beginning expenditures. The estimates will vary depending upon location and condition of the leasehold space for the business, fixtures and equipment which may already exist in the leasehold space, costs of improvements, custom and usage in the area and other factors over which we have no control. These are our best estimates at the time of preparation of this document. We caution you to investigate independently the expenses not paid directly to us, and which may be incurred. Start-up costs may vary based on desired size of location, amount of inventory, etc. You should also have adequate funds available to cover living expenses in addition to adequate operating capital. The amount necessary will vary according to your personal needs, mode and source of living. It is strongly suggested that you should review these figures carefully with a business advisor before making any decision to purchase the franchise. We do not directly or indirectly offer financing to franchisees for any items. All fees are non-refundable.

PrimoHoagies
 900 Jersey Avenue
 Gloucester, NJ 08030
 Primohoagies.com



FRANCHISE APPLICATION

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This application is designed to provide preliminary information to PrimoHoagies. It is in no way binding to either the Applicant (s) or PrimoHoagies.

PERSONAL INFORMATION	
<i>APPLICANT</i>	<i>SPOUSE</i>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
How long at this address?: _____	How long at this address?: _____
Own: _____ Rent: _____	Own: _____ Rent: _____
Home Phone: _____	Home Phone: _____
Business Phone: _____	Business Phone: _____
Drivers License #: _____ State: _____	Drivers License #: _____ State: _____
Email Address: _____	Email Address: _____
Have you ever been convicted of a felony?	Have you ever been convicted of a felony?
Yes: _____ No: _____	Yes: _____ No: _____
If yes, please describe:	If yes, please describe:
Mailing Address if different from above:	Mailing Address if different from above:
_____	_____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____

REFERENCES	
<i>BUSINESS</i>	<i>PERSONAL</i>
1) Name: _____ Relationship: _____ Address: _____ Phone: _____	1) Name: _____ Relationship: _____ Address: _____ Phone: _____
2) Name: _____ Relationship: _____ Address: _____ Phone: _____	2) Name: _____ Relationship: _____ Address: _____ Phone: _____
3) Name: _____ Relationship: _____ Address: _____ Phone: _____	3) Name: _____ Relationship: _____ Address: _____ Phone: _____



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BUSINESS EXPERIENCE

Are you self employed: Yes: _____ No: _____

Present Occupation: _____

Current Salary: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____

May we contact him / her: Yes: _____ No: _____

Describe Duties and Responsibilities: _____

Are you self employed: Yes: _____ No: _____

Present Occupation: _____

Current Salary: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____

May we contact him / her: Yes: _____ No: _____

Describe Duties and Responsibilities: _____

PREVIOUS EXPERIENCE

1) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

2) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

3) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

4) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

5) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

6) Date: _____ to _____

Position: _____

Company: _____

Address: _____

City, State, Zip: _____

EDUCATION

Circle last year completed: High School: 1 2 3 4

College: 1 2 3 4

Graduate: 1 2 3 4

Name of College: _____

Year Graduated: _____ Major: _____

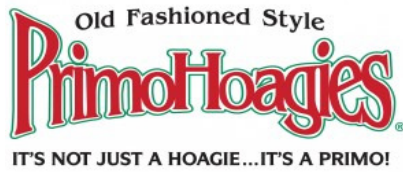
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FRANCHISE APPLICATION

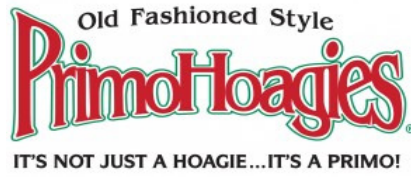
FINANCIAL INFORMATION

<i>ANNUAL INCOME</i>	<i>ANNUAL EXPENDITURES</i>
Salary (Applicant): \$ _____	Federal Income and Other Taxes: \$ _____
Salary (Spouse): \$ _____	State Income and Other Taxes: \$ _____
Bonus / Commission (Applicant): \$ _____	Rental Payments, Co-op or Condo Maintenance: \$ _____
Bonus / Commission (Spouse): \$ _____	Mortgage - Residential: \$ _____
Rental Income: \$ _____	Mortgage - Investment: \$ _____
Interest Income: \$ _____	Property Tax - Residential: \$ _____
Dividend Income: \$ _____	Property Tax - Investment: \$ _____
Capital Gains: \$ _____	Interest and Principal payments on Loans: \$ _____
Partnership Income: \$ _____	Insurance: \$ _____
Other Investment Income: \$ _____	Investments (Including Tax Shelters): \$ _____
Other Income (List): \$ _____	Alimony / Child Support: \$ _____
\$ _____	Tuition: \$ _____
\$ _____	Other Living Expenses: \$ _____
\$ _____	Medical Expenses: \$ _____
\$ _____	Other Expenses (List): \$ _____
\$ _____	\$ _____
\$ _____	\$ _____
TOTAL: \$ _____	TOTAL: \$ _____

CREDIT SCORE:

Applicant: _____

Spouse: _____



FRANCHISE APPLICATION

FINANCIAL INFORMATION

<i>ASSETS</i>		<i>LIABILITIES</i>	
Cash in Banks (List):	\$ _____	Notes Payable (Schedule E) both Secured and Unsecured:	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Readily Marketable Securities (Schedule A):	\$ _____		\$ _____
Non-Readily Marketable Securities (Schedule A):	\$ _____	Accounts Payable (Include Credit Cards):	\$ _____
Accounts and Notes Receivable:	\$ _____		\$ _____
Net Cash Surrender Value of Life Insurance (Scheduled B):	\$ _____		\$ _____
Residential Real Estate (Schedule C):	\$ _____		\$ _____
Real Estate Investments (Schedule C):	\$ _____	Margin Accounts:	\$ _____
Partnership / S-Corporation (Scheduled D):	\$ _____	Notes due Partnership (Scheduled D):	\$ _____
Deferred Income:	\$ _____	Taxes Payable:	\$ _____
# of Years Deferred:	_____	Mortgage Dept (Schedule C):	\$ _____
Personal Property (Including Automobiles):	\$ _____	Life Insurance Loans (Scheduled B):	\$ _____
Other (List):	\$ _____	Other Liabilities (List):	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
TOTAL:	\$ _____	TOTAL:	\$ _____



FRANCHISE APPLICATION

GENERAL INFORMATION

- 1) Income tax returns filed through (date): _____
 Are any returns being audited or contested? Yes: _____ No: _____
- 2) Have either of you or any firm in which you were a major owner ever declare bankruptcy. Yes: _____ No: _____
- 3) How did you hear about PrimoHoagies? _____
- 4) Do you have previous food service experience? Yes: _____ No: _____
- 5) Do you have previous franchise experience? Yes: _____ No: _____
- 6) Estimated Minimum income required for current living expenses (Monthly): _____
- 7) Would this be your sole source of income? Yes: _____ No: _____
- 8) Are you considering a partner? If yes answer below.
 - Will he / she be active in the business? Yes: _____ No: _____
 - Who will be responsible for the daily operation? _____
 - Will this person have an equity investment? Yes: _____ No: _____
- 9) Amount of cash available for this investment _____
- 10) Do you have a financing source? Yes: _____ No: _____
- 11) Amount of financing if available? _____
- 12) If qualified, when would you be ready to open up your PrimoHoagies Franchise? _____
- 13) Are you applying for Single Unit _____ Multiple Units _____ Area Development _____
- 14) Location Preference:
 - A. _____
 - B. _____
 - C. _____

The undersigned certified that he / she has carefully read the application and that the information submitted, financial and otherwise is true and correct. PrimoHoagies is authorized to check any references, credit or otherwise, to verify any and all information contained in this application.

I understand that the information I am receiving from PrimoHoagies, it's employees or agents is confidential in nature and will be held in the strictest confidence. None of the information given is to be used for any other purpose than which it was intended without prior written consent from PrimoHoagies.

 YOUR SIGNATURE _____ DATE _____

 SPOUSES SIGNATURE _____ DATE _____