



JACK IN THE BOX FRANCHISE APPLICATION

Personal Information

Name _____ Social Security # _____
Last First Middle Maiden Name

Residence _____ Previous Address if at this residence for fewer than 10 years _____

Street _____ Street _____

City _____ State/Zip _____ City _____ State/Zip _____

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Fax No. () _____ Email Address _____

Date of Birth _____ Place of Birth _____

Driver's License # _____ State _____

- YES NO
- Are you a U.S. citizen? *If no, please provide copies of Alien Registration Card (front & back)*
 - Have you ever been charged or convicted for any criminal offense (misdemeanor or felony) other than a minor motor vehicle violation? *If yes, please provide details.*
 - Are you, or any business entity you have an ownership interest in, involved in any lawsuits or potential litigation or have you ever filed for personal or business bankruptcy protection, insolvency proceedings or compromise with creditors? *If yes, please provide details.*
 - Have you ever been known under any other name(s)? *If yes, please provide details.*
 - Are you or your employer providing goods or services to Jack in the Box Inc? *If yes, please provide details.*
 - Are you doing business under any assumed or fictitious names? *If yes, please provide details.*

Marital Status Married Unmarried Separated Divorced

Spouse's Name _____ Social Security # _____
Last First Middle Maiden Name

Date of Birth _____ Place of Birth _____

Spouse's Driver's License # _____ State _____



Affiliates in the box®

Yes No Do you or your spouse have ownership interest in or control of any other company? If **yes**, please identify below.

Affiliate Company Name & Nature of Business	Your Title	% of Ownership	Tax ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Franchising History

Yes No Are you currently a franchisee of another concept? If **yes**, please list concept(s) below. Provide information on separate page if additional space is needed.

Yes No Have you ever been a franchisee of another concept? If **yes**, please list concept(s) and periods of involvement below. Provide information on separate pages if additional space is needed.

Business Experience

Please provide the last 5-7 years of work history/business(es) started. Complete below or attach resumé.

Present Employment _____ **From** _____ **To** _____

Address _____

Type of Business _____ **Position** _____ **Salary** _____

Employment _____ **From** _____ **To** _____

Address _____

Type of Business _____ **Position** _____ **Salary** _____

Employment _____ **From** _____ **To** _____

Address _____

Type of Business _____ **Position** _____ **Salary** _____

Employment _____ **From** _____ **To** _____

Address _____

Type of Business _____ **Position** _____ **Salary** _____

Education

	Name & Location	Year Graduated	Degree/Major
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Professional School	_____	_____	_____



Personal Finance Statement in the box®

Please complete below or attach prepared personal financial statement.

Assets	Cash on hand and unrestricted	\$ _____
	Cash - Stock in your business	\$ _____
	U.S. Government Securities, Stocks and Bonds	\$ _____
	Life Insurance - Cash Surrender Value	\$ _____
	Real estate, your residence(s)	\$ _____
	Other real estate at market value	\$ _____
	Accounts, notes and loan receivables	\$ _____
	Other assets (autos, jewelry, furniture, etc.)	\$ _____
	Retirement/Pension accounts	\$ _____

Total Assets \$ _____

Liabilities	Current liabilities (payable within 12 months)	\$ _____
	Notes payable to banks	\$ _____
	Mortgages payable (total mortgages due)	\$ _____
	Accounts, notes and loans payable to others	\$ _____
	Other liabilities	\$ _____

Total Liabilities \$ _____
TOTAL NET WORTH \$ _____

Source of Income (Annual)

Gross Salary	\$ _____
	\$ _____
Bonus & Commission	\$ _____
Dividends	\$ _____
Real Estate Income	\$ _____
Other Income (Itemize)	\$ _____

	\$ _____

Contingent Liabilities

As Endorser or Co-maker	_____
On Leases or Contracts	_____
Domestic Relations Orders	_____
Legal Claims	_____
Partner or Officer in any other venture	_____
Explain	_____

Other Claims	_____

Total Income \$ _____

Market of Interest

Where are you interested in developing stores? **City** _____ **State** _____

Yes No Is this application being submitted for existing stores? If **yes**, please identify below.



Partner's Information in the box®

Yes No Is this application being submitted with a partner? If **yes**, please identify below.

Please Note: All partners must submit a separate application.

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Partner's Name _____
Last First

Proposed Ownership of the Franchise

List operator name and partner(s) name(s) who will acquire an interest in the proposed franchise.

100% ownership must be identified.

Name	Operator or Partner	% of Ownership (Voting, Capital & Profits Interest)	Social Security # or Tax ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorization of Funds

Please have your spouse read the following statement. If he/she agrees with the statement, please have **your spouse** sign and date as indicated below.

I hereby authorize my spouse to use all jointly held funds for a Jack in the Box franchise.

Spouse's Signature _____ Date _____

Please Sign & Date This Form

Please sign and date this form. By signing this form you warrant, represent and certify that the foregoing statements are true, complete and accurate as of the date and declare that you will immediately notify Jack in the Box Inc. of any change in the foregoing information. You understand that the foregoing representations will be relied upon by Jack in the Box Inc. in determining whether or not it will grant a franchise.

Applicant's Signature _____ Date _____

Please read the following statement and, if in agreement, sign and date below.
I certify that I am not a suspected terrorist as defined in Executive Order 13224.

Applicant's Signature _____ Date _____