



A New York Pizza Family

Franchise Application

Applicant Name: _____

Address: _____

Phone Contact: _____ E-mail (Optional): _____

1.) Please list prior restaurant experience, including dates:

2.) Please list business references, including contact name and phone;

3.) Please list bank references, including contact name and phone;

4.) Please detail other experiences you deem important for succeeding in a
Ramunto's Brick Oven Pizza business

The undersigned here authorizes RamKing Inc. (D.B.A. Ramunto's Brick Oven Pizza) to investigate, research and call the above references for qualifications.

Sign: _____

Print: _____

Date: _____



A New York Pizza Family

Ramunto's Brick Oven Pizza - Claremont
 71 Broad St.
 PO Box 7
 Claremont, NH 03743
 Ph: 603-542-9100
 Fax: 603-542-9108

(Prospective franchisees should also submit a current financial statement from a C.P.A.)

FORM 21

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)		SECTION 2 - OTHER PARTY INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____ 20 _____			
ASSETS (Do Not Include Assets of Doubtful Value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
Cash on hand and in banks		Notes payable to banks - secured	
U.S. Govt. & Marketable Securities - see Sched. A		Notes payable to banks - unsecured	
Non-Marketable Securities - see Schedule B		Due to Brokers	
Securities held by broker in margin accounts		Amounts payable to other - secured	
Restricted or control stocks		Amounts payable to others - unsecured	
Partial interest in Real Estate Equities See Schedule C		Accounts and bills due	
		Unpaid income tax	
Real Estate Owned - see Schedule D		Other unpaid taxes and interest	
Loans Receivable		Real Estate Mortgage payable - See Schedule D	
Automobiles and other personal property		Other debts - Itemize	
Cash value-life insurance - see Schedule E			
Other Assets - Itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIAS. AND NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____, 20 _____	PERSONAL INFORMATION
Salary, bonuses & commissions \$	Do you have a will? If so, name of executor
Dividends	
Real Estate Income	Are you a partner or officer in any other venture? If so, describe
Other Income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	
	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe

TOTAL	\$	Are any assets pledged other than as described on schedule? If so, describe
CONTINGENT LIABILITIES		
Do you have any contingent liabilities? If so, describe		Income tax settled through (date)
As indorser, co-maker or guarantor?	\$	Are you a defendant in any suits or legal actions?
On leases or contracts?	\$	Personal bank accounts carried at:
Legal Claims	\$	
Other special debt	\$	Have you ever been declared bankrupt? If so, describe
Amount of contested income tax liens	\$	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name of	Are these Pledged?	Market Value

SCHEDULE B - NON MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are these Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type of Property	Title in Name of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

(COMPLETE SCHEDULES AND SIGN ON FOLLOWING PAGE)

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

The information contained in this statement is provided for the purpose of obtaining credit with you on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

S.S. No. _____ Date of Birth _____

Signature (Other Party) _____

S.S. No. _____ Date of Birth _____

Date Signed _____ 20 _____