



Submit to: 1468 Zephyr Avenue
 WING FIESTA FRANCHISING, INC. Hayward, California 94544
 A California corporation Tel : 510-730-0220
 Fax: 510-722-2228

CONFIDENTIAL INFORMATION REQUEST

PLEASE ANSWER ALL QUESTIONS

The purpose of this Confidential Information request is to give Wing Fiesta Franchising, Inc.(the"Company") general information that will allow us to evaluate your qualifications to be awarded a Wing Fiesta franchise. Completion of this questionnaire in no way obligates you or the Company. All that you provide will be used solely to evaluate whether you qualify to be awarded a Wing Fiesta franchise. Submission of this questionnaire will entitle you, if you qualify, to receive more information about the Company and the Wing Fiesta franchise.

This is not an offering. An offering can only be made by prospectus, which will be provided to you in a timely manner as required by applicable law.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number		
Date of Application(MM/DD/YY)	Birth Date(MM/DD/YY)	Age	Email Address		Telephone Number
Current Address		City	State	ZIP	How Long?
Previous Address		City	State	ZIP	How Long?
Marital Status	Full Name of Spouse		Occupation of Spouse		
Names and Ages of Dependent Children			Names and Ages of Dependent Children		
Name _____ Age _____		Name _____ Age _____		Name _____ Age _____	
Name _____ Age _____		Name _____ Age _____		Name _____ Age _____	
Name _____ Age _____		Name _____ Age _____		Name _____ Age _____	
Name _____ Age _____		Name _____ Age _____		Name _____ Age _____	

APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you or a group?	
Please explain fully	
Amount of capital available for this business	
Describe fully	
Territory for which application made	Would you consider any other area?

CONFIDENTIAL INFORMATION REQUEST

WING FIESTA FRANCHISING, INC.
a California corporation

What area(s)?

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FROM INCURS NO OBLIGATION ON EITHER PARTY.

EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of School	Dates of Attendance(MM/DD/YY)	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)
Name of School	Dates of Attendance(MM/DD/YY)	Major & Minor Fields	
Location of School	Grade Average or Class Standing	Diploma or Degree	Date of Graduation (MM/DD/YY)

BUSINESS & EXPERIENCE RECORD

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE, BEGINNING WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE. INDICATE BY ASTERISK(*)THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

Have you been in business for yourself?		
Name & Address of Employer		
Position, Title & Duties		
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address of Employer		
Position, Title & Duties		
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$
Name & Address of Employer		
Position, Title & Duties		
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)
Supervisor's Name & Title		
Reason for Separation	Beginning salary \$	Ending salary \$

PHYSICAL CONDITION

INCOME

General Physical Condition	Date of Last Physical Exam	YEAR _____
List Any Physical Impairments Or Chronic Illnesses Which May Preclude Certain Types Of Activities Explain		EARNED (salary, commission, fees, etc.) \$ _____
		INTEREST & DIVIDENDS RECEIVED \$ _____
		RENTS RECEIVED \$ _____
		OTHER INCOME \$ _____
	 \$
	 \$
		GROSS INCOME \$ _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES				
1.Name		Address	Telephone	()
2.Name		Address	Telephone	()
3.Name		Address	Telephone	()

PLEASE LIST THREE CREDIT REFERENCES				
1.Name		Address	Telephone	()
2.Name		Address	Telephone	()
3.Name		Address	Telephone	()

BANK REFERENCES				
1.Name		Address	Telephone	()

CRIMINAL BACKGROUND

Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain
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CONTINGENCIES

Do You Have Any Contingent Liabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO
If So, Please Itemize:
Are Any of Your Assets Pledged? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
Are You a Defendant in Any Suits or Legal Actions? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

CONFIDENTIAL FINANCIAL STATEMENT

DATE: _____ YEAR: _____

PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY

ASSETS		LIABILITIES AND NET WORTH	
Cash on Hand & Unrestricted In Banks (See Sched.No.1)	\$	Notes Payable to Banks, Unsecured Direct Borrowings Only (See Sched. No.1)	\$
U.S. Government Securities	\$	Notes Payable to Banks, Secured Direct Borrowings Only (See Sched. No.1)	\$
Accounts & Loans Receivable (See Sched. No.2)	\$	Notes Receivable, Discounted with Banks, Finance Companies, etc.	\$
Notes Receivable, Discounted With Banks, Finance Companies, etc. (See Sched. No.2)	\$	Notes Payable to Others, Unsecured	\$
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No.3)	\$	Notes Payable to Others, Secured	\$
Other Stocks & Bonds (See Sched. No.4)	\$	Loans Against Life Insurance (See Sched. No.3)	\$
Real Estate (See Sched. No.5)	\$	Accounts Payable	\$
Automobiles Registered in Own Name	\$	Interest Payable	\$
Other Assets (Itemize)	\$	Taxes & Assessments Payable (See Sched. No.5)	\$
		Mortgages Payable on Real Estate (See Sched. No.5)	\$
		Other Liabilities (itemize)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$

SUPPLEMENTARY SCHEDULES

NO.1 BANKING RELATIONS (A list of all my bank accounts, including savings & loans)				
Name & Location of Bank	Cash Balance	Amt. of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

NO.2 ACCOUNTS, LOANS & NOTES RECEIVABLE (A list of the largest amounts owing to me.)					
Name & Location of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected
	\$				
	\$				
	\$				
	\$				

NO.3 LIFE INSURANCE								
Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amt. of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?
				\$	\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> No
				\$	\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> No

NO.4 BANKING RELATIONS						
Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered In Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

NO.5 REAL ESTATE (The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:)								
Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates & Amts. Of Payments	Assessed Value	Present Mkt. Value	Unpaid Taxes	
							Year	Amount
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$

"I submit the foregoing information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5 U.S.C.552 a), Freedom of Information Act and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state or local, or any person who has personal knowledge of my character, work experience or criminal records to release this information to the Company. If requested by the Company, I agree to supply statements from my professional advisors (i.e., banker, broker, accountant or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years. I understand that the Company is relying upon all the above information as a material factor in considering my application to become a licensee, and I hereby agree to promptly notify the Company of any material change in any of the above information or any subsequent information provided to franchisor. In addition, I release all persons from liability as a result of true, accurate information. Further, Company Trade Secrets will not be disclosed by me to any other person or business entity, and will not be used by me in any manner outside the evaluation process, either during or after the evaluation process."

Signature

Date

CERTIFICATION

I hereby certify that the information provided in this Application is true and correct to the best of my knowledge. I hereby give my permission to the Company to conduct any investigation it deems necessary for the processing of this Application. I understand that the Company has the right to request additional information as well as supporting documentation with respect to this application. I understand that this is not an offer to purchase or sell-an Wing Fiesta franchise, and that I must first receive a franchise disclosure document from and be approved by the company before I can be accepted as a licensee. I further understand that even if I am approved as a Wing Fiesta franchisee, such approval is not assurance that I will be successful or that I am qualified to operate the Wing Fiesta Franchising, Inc, business. I certify that I am in good faith considering the possible purchase of a Wing Fiesta franchise, and that I am completing this Application and investigating a Wing Fiesta franchise solely for the purpose or considering the purchase of a Wing Fiesta franchise. To maintain the confidentiality of all information and data concerning the Wing Fiesta Franchising, Inc. system, I agree that all information I receive is provided to me on a strictly confidential basis. I agree to maintain this trust, and further agree not to divulge to any other person(s) or entities any confidential business information about the Wing Fiesta Franchising, Inc. system or the Company, or any of the Company's affiliates, and I agree not to use any information supplied me to compete, or aid others to compete, directly or indirectly, with the Company, any of its affiliates, or any of its licensees.

Signature

Date

DELIVERY OF FRANCHISE DISCLOSURE DOCUMENT

If you want to receive the Wing Fiesta Franchising, Inc. Franchise Disclosure Document in an electronic version, you will need a PC, Windows version 2000 or higher, Adobe Acrobat version 5.0 or higher and an Internet connection allowing downloading of documents of this size; approximately 499 KB. You may wish to receive your disclosure document in paper (hard copy) format if that is more convenient to you.

You may request to receive your disclosure document in another format that is more convenient for you. To discuss the availability of disclosures in different formats, contact Feng Wang, Wing Fiesta Franchising, Inc. 1468 Zephyr Avenue, Hayward, California 94544, (510) 730-0220, feng.wang@wingfiesta.com .

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I, the person signing below, hereby authorize Wing Fiesta Franchising, Inc. ("Company") to investigate my background and qualifications for purposes of evaluating my qualifications to be a Wing Fiesta franchisee. I understand such investigation may include, without limitation, information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that the Company will utilize an outside firm or firms, such as a consumer reporting agency, to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for a franchise will not be processed further.

I understand that, if I am approved to become a Wing Fiesta franchisee, the Company may rely on this authorization and have additional background checks conducted during and throughout the term of my franchise agreement without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: my past or present employer; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public section repositories of information; and any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history,, drug test results, military service, professional credential, and all other information requested by the consumer reporting agency or its agency.

I understand that upon written request, the Company will make a complete and accurate disclosure of the nature and scope of the investigation requested not later than five days after the date of the request or the date the Company requested the report, whichever is the later. I acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act.

I agree that a facsimile or PDF copy of this Authorization with my signature can be used in place of the original.

I certify that the information provided on this form and my application is true and correct, and that dishonesty will disqualify me from consideration as a franchisee, or if I do become a franchisee, a misrepresentation can result in a termination of my franchise.

Last Name _____ M. I. _____ First Name _____

Maiden Name, if applicable: _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Driver's License Number for State of _____ License Number _____

Street _____

City _____ State _____ Zip _____

Phone Number _____

Signature of Applicant

Date