



Thank you for your interest in franchise opportunities with Wingstop Restaurants. Following are the instructions for filling out the application.

How to complete the Wingstop Restaurants Application

1. All individuals and/or partners who will be owning and/or operating the Wingstop Restaurant(s) must submit completed applications and required attachments:
 - Resume which details applicants background, work experience and other pertinent affiliations
 - A list or copy of any Notes for which the applicant is Co-maker, Joiner, or contingently liable, excluding primary residence
 - Profit and Loss Statements on any personally owned business for the past two years
 - Release and Authorization form with signature
 - Confidentiality and Proprietary Information form with signature
 - Applicant's personal income tax returns for the last two years
 - Verification of Assets
 - Current bank statement

Applicants need to meet or exceed the following liquidity and net worth Requirements:

<u># of Stores</u>	<u>Liquidity</u>	<u>Net Worth</u>
1	200K	400K
2	400K	600K
3 or more	600K	1,200,000

If you need assistance in completing your application, please do not hesitate to call us at (972) 686-6500.

Please fax or mail the completed application and required attachments to:

Wingstop Restaurants, Inc.
Attn: Franchise Development Department
1101 E. Arapaho Rd, Ste 150
Richardson, TX 75081
Phone: 972-686-6500
fax: 972-331-8499

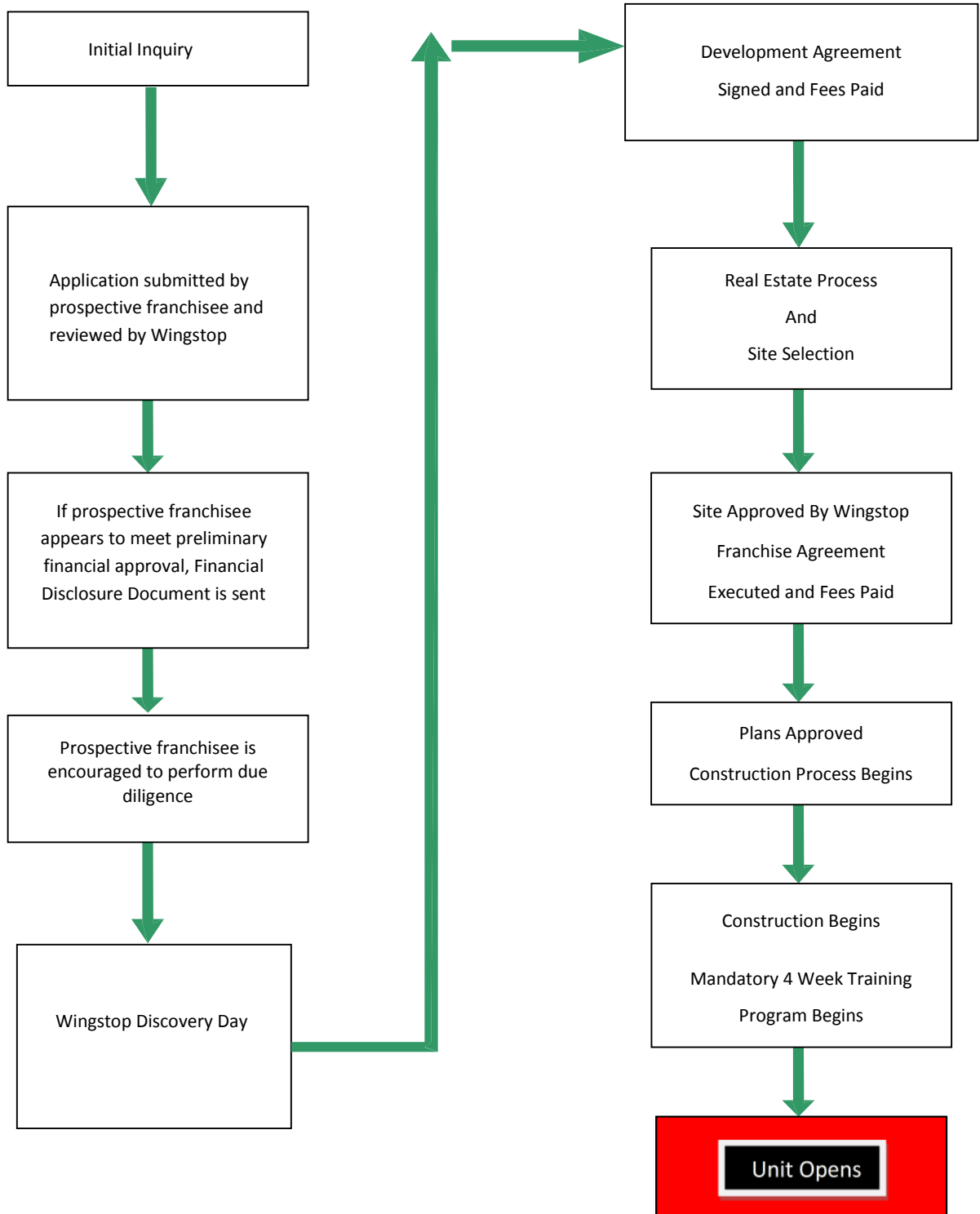
Please note that your application will not be processed until ALL of the requested information is returned.

Thanks,

Wingstop Franchise Development Department



Franchise Development Process





Individual Application

Please answer all questions in detail. Please attach an application and resume for each equity partner(s) and/or operating partner(s).

IDENTIFYING INFORMATION							
LAST NAME		FIRST NAME		MIDDLE		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		HOME TELEPHONE		BEST CONTACT NUMBER		DRIVERS LICENSE NUMBER & STATE	
CURRENT ADDRESS			CITY		STATE	ZIP NUMBER OF YEARS?	
PREVIOUS ADDRESS			CITY		STATE	ZIP NUMBER OF YEARS?	
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					ARE YOU A CITIZEN OF THE UNITED STATES?		
NAME OF SPOUSE					SOCIAL SECURITY NUMBER		
E-MAIL ADDRESS			FAX NUMBER		MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		

OTHER BACKGROUND INFORMATION
During The Past 10 Years, Have You And /Or Any Applicable Partners, Officers, Directors, Shareholders Or Other Principals Of Your Business Ever Been Convicted, Entered A Plea Of No Contest, Had Prosecution Deferred, Or Adjudication Withheld For Any Crime Other Than A Minor Traffic Violation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Been Adjudicated Bankrupt Or Reorganized Due To Insolvency? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes To Any Of The Above, Please Explain.

YOUR PLANS FOR A WINGSTOP FRANCHISE

LOCATION PREFERENCES

1st _____ 2nd _____ 3rd _____

NUMBER OF STORES YOU WOULD LIKE TO DEVELOP:

YEAR 1 _____ YEAR 2 _____ YEAR 3 _____

DO YOU PLAN TO DEVOTE YOUR FULL TIME TO THIS VENTURE?

IF NOT, PLEASE EXPLAIN:

WILL YOUR SPOUSE OR OTHER FAMILY MEMBERS BE ACTIVE IN THE FRANCHISE?

IF YES, PLEASE EXPLAIN:

DO YOU PLAN TO HAVE EQUITY PARTNERS IN THIS FRANCHISE?

IF YES, WHO WILL THEY BE AND WHAT ARE THEIR CONTRIBUTIONS?

DO YOU CURRENTLY OWN / OPERATE ANY OTHER FRANCHISE?

IF YES, PLEASE LIST ALL DETAILS

HOW WILL YOU FINANCE THIS FRANCHISE INVESTMENT? TOTAL FUNDS AVAILABLE?

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY			
APPLICANT		SPOUSE	
CURRENT EMPLOYER	TELEPHONE	CURRENT EMPLOYER	TELEPHONE
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
JOB TITLE		JOB TITLE	
EMPLOYMENT DATES		EMPLOYMENT DATES	
SALARY		SALARY	
REASON FOR LEAVING		REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S NAME AND TITLE	
TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER	TELEPHONE	PREVIOUS EMPLOYER	TELEPHONE
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
JOB TITLE		JOB TITLE	
EMPLOYMENT DATES		EMPLOYMENT DATES	
SALARY		SALARY	
REASON FOR LEAVING		REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S NAME AND TITLE	
TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER	TELEPHONE	PREVIOUS EMPLOYER	TELEPHONE
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
JOB TITLE		JOB TITLE	
EMPLOYMENT DATES		EMPLOYMENT DATES	
SALARY		SALARY	
REASON FOR LEAVING		REASON FOR LEAVING	
SUPERVISOR'S NAME AND TITLE		SUPERVISOR'S NAME AND TITLE	
TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL FINANCIAL STATEMENT

ASSETS (\$)		LIABILITIES (\$)	MONTHLY PAYMENTS	BALANCE OWED
CASH ON HAND AND IN BANKS, UNRESTRICTED (SCHEDULE E)		NOTES PAYABLE TO BANK (SCHEDULE D)		
U.S. GOVERNMENT & MARKETABLE SECURITIES (SCHEDULE A)		CREDIT CARDS (SCHEDULE D)		
NON-MARKETABLE SECURITIES (SCHEDULE A)		PAYABLE TO OTHERS (SCHEDULE D)		
REAL ESTATE (SCHEDULE B)		ACCOUNTS AND BILLS DUE		
IRA / 401 K		REAL ESTATE MORTGAGES (SCHEDULE B)		
CASH SURRENDER VALUE OF LIFE INSURANCE (NOT DEATH BENEFIT)		UNPAID TAXES		
LOANS RECEIVABLE		UNPAID INTEREST		
PERSONAL PROPERTY, PRESENT VALUE		AMOUNTS DUE FOR SETTLEMENTS,		
AUTOMOBILE(S), PRESENT VALUE		INSURANCE PREMIUMS		
OTHER ASSETS - ITEMIZE		OTHER LIABILITIES - ITEMIZE		
NET VALUE OF BUSINESS (ATTACH MOST RECENT FINANCIAL STATEMENTS)				
PLEASE REMEMBER TO ATTACH YOUR LAST TWO YEARS FEDERAL INCOME TAX RETURNS AND VERIFICATION OF ASSETS LISTED IN SCHEDULES A, D & E		TOTAL MONTHLY PAYMENTS	\$	
		TOTAL LIABILITIES		\$
		NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH		\$

CONTINGENT LIABILITIES
AS ENDORSER, CO-MAKER, OR GUARANTOR
ON LEASES OR CONTRACTS
UNDER LEGAL CLAIMS
OTHER SPECIAL DEBT
AMOUNT OF CONTESTED INCOME, PROPERTY OR TAX LIEN

SCHEDULES

SCHEDULE A – U.S. GOVERNMENT, MARKETABLE, AND NON-MARKETABLE STOCKS AND BONDS

NUMBER OF SHARES / FACE VALUE	DESCRIPTION	IN NAME OF	PLEGGED?	MONTHLY INCOME	MARKET VALUE

SCHEDULE B – REAL ESTATE OWNED

DESCRIPTION	DATE ACQUIRED	MORTGAGE HOLDER	COST	ASSESSED VALUE	MARKET VALUE	MORTGAGE BALANCE	MONTHLY PAYMENT	RENTAL INCOME
YOUR RESIDENCE								
OTHER								
OTHER								

SCHEDULE C – LIFE INSURANCE

NAME OF INSURANCE COMPANY	OWNER	BENEFICIARY	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

SCHEDULE D – BANKS, FINANCE COMPANIES AND CREDIT CARDS

NAME AND ADDRESS OF LENDER	CREDIT IN THE NAME OF	SECURED OR UNSECURED?	CURRENT BALANCE

SCHEDULE E – CASH IN BANKS OR OTHER ACCOUNTS

FINANCIAL INSTITUTION	BRANCH	ACCOUNT NUMBER	ACCOUNT TYPE	CURRENT BALANCE

SOURCES OF INCOME FOR YEAR ENDED DECEMBER 31, 2011

SOURCE	\$ AMOUNT	PER MONTH
SALARY, BONUSES AND COMISSIONS		
INVESTMENT INCOME		
REAL ESTATE INCOME		
OTHER INCOME		
SPOUSE'S SALARY, BONUSES, AND COMMISSIONS		
SPOUSE'S OTHER INCOME		
TOTAL INCOME	\$	\$

[Signature Page Follows]



The information contained herein is true and accurate to the best of my knowledge. I understand that this application once submitted to the Franchise Sales Department is valid for 90 days. If beyond 90 days an updated application package must be submitted for consideration. If any of the information outlined in this application changes applicant is responsible for informing the Franchise Sales Department of the changes immediately. A change that occurs with or without the knowledge of the Franchise Sales Department will result in the applicant having to resubmit their application package.

Name/Date

Signature

Name/Date

Signature

