

SUMMARY PROPOSAL \$ _____ FINANCING FOR:

Company Name

Insert Company Logo

Company Information:

Business Name: TBD (Minority Owned LLC)

Entity Type: (Sole Proprietor, LLC, Corporation)

Address: TBD (Seeking 3,900sqft, 160 capacity seating)

City/State: Bowie, Maryland

Web: www.hurricanewings.com

Phone: xxx-xxx-xxxx

Email: xxxxxxxx@xxxxx.xxx

EIN: TBD

Date Established: TBD (if a start-up expected date)

Ownership & Management:

Owner Names: Mr. XXXXXX XXXXXX and % of ownership

Experience: Over 40 years of food service experience from cook as a teenager to 20 years as senior executive with a national chain, receiving 9 recognitions for performance. The owner and managers will also obtain 4 weeks of training at Hurricane's headquarters as well as ongoing financial management and other support.

Team: 1 General Manager, 2 Assistant/kitchen managers, 17 line cooks, 10 bartenders, & 40-50 servers.

Collateral Summary

Collateral	Appraised Value	Market Value	Prior Liens
Commercial Property	\$0	\$0	\$0
Improvements		\$0	\$0
Equipment			\$0
Owner's Personal Home			
Total Market Value			
Less: Prior Liens			
Net Collateral Value			

Description:

The restaurant will be minority owned operate based on 4 core values: a family oriented establishment; serving high quality flavorful fresh food cooked to order; exceptionally friendly and accommodating service; charitable involvement with the community.

The original location opened in Fort Pierce, Florida, in 1995 with uniquely savory chicken wings, offered in five categories with a choice of over 30 signature sauces. Menu items are cooked fresh to order with high quality ingredients and zero trans fats. Other menu options include Certified Angus Burgers, Grilled Mahi-Mahi and Iron Skillet Salmon along with micro-brew beer and wine.

The award winning restaurant announced in 2011 that it had signed seven new domestic development agreements, adding commitments for 233 restaurants, 60 to be in the mid-Atlantic region. Elkton was first in Maryland and Bowie to be would first in the DC metro area.

Financials

Total Net Worth:

Credit Score:

The owner has never been involved in bankruptcy or insolvency proceedings. There are no pending lawsuits; not under indictment, parole or probation. The owner has never been arrested or convicted for any criminal offense other than, perhaps, a minor vehicle violation.

Description of Request:

Uses:

Building & Property: \$ 0
 Lease Improvements :(incl. fixtures) \$210,000
 Equipment: \$160,000
 Franchise Fee: \$ 30,000
 Working Capital: \$200,000

Sources:

Equity Injection: \$100,000*
 Commercial Loan: \$500,000
 *From liquidation of owner's retirement

TOTAL USES: \$600,000 (this number should equal the total loan amount)

Pictures (that help to show the concept, design or idea)



Projections based on Planned, Managed Growth

Year 1 includes pre-opening expenses

	Pre & Year 1	Year 2	Year 3
Total Revenue	\$2,000,000	\$2,100,000	\$2,646,000
Gross Profit	\$968,000	\$1,016,400	\$1,280,664
Net Income	\$280,778	\$384,726	\$596,894
Interest Expense	\$75,822	\$45,974	\$34,878
Payroll	\$80,000	\$80,000	\$80,000
Total Assets	\$833,133	\$1,130,367	\$1,628,672
Total Liabilities	\$422,355	\$334,862	\$236,274
Cash before Taxes/Distribution	\$433,133	\$750,367	\$1,268,672

Professional Services:

DUNS Number: TBD

Bank of Business: TBD

Business Lawyer: TBD

Business Accountant: TBD

Insurance Agency: TBD

Business Coach: TBD

Professional Association: TBD

SUMMARY PROPOSAL \$ _____ FINANCING FOR:

Insert Company Logo

Description:

Company Information:

Business Name: _____

Entity Type: _____

Address: _____

City/State: _____

Web: _____

Phone: _____

Email: _____

EIN: _____

Date Established: _____

Ownership & Management:

Owner Names: _____ and _____% of ownership

Owner Names: _____ and _____% of ownership

Experience: _____

Team: _____

Financials

Total Net Worth: _____

Credit Score: _____

Collateral Summary

Collateral	Appraised Value	Market Value	Prior Liens
Commercial Property	\$ _____	\$ _____	\$ _____
Improvements		\$ _____	\$ _____
Equipment			\$ _____
Owner's Personal Home			
Total Market Value			
Less: Prior Liens			
Net Collateral Value			

Explanation of Offered Collateral: Improvements (Value x 0%), Equipment (Value x 20%), Personal Real Estate (Value x 80%)

Description of Request:

Uses:

Building & Property: \$ _____

Lease Improvements :(incl. fixtures) \$ _____

Equipment: \$ _____

Working Capital: \$ _____

TOTAL USES: \$ _____ (this number should equal the total loan amount)

Sources:

Equity Injection: \$ _____

Commercial Loan: \$ _____

Franchise Fee: \$ _____

Pictures (that help to show the concept, design or idea)

Projections based on Planned, Managed Growth

Year 1 includes pre-opening expenses

	Pre & Year 1	Year 2	Year 3
Total Revenue	\$ _____	\$ _____	\$ _____
Gross Profit	\$ _____	\$ _____	\$ _____
Net Income	\$ _____	\$ _____	\$ _____
Interest Expense	\$ _____	\$ _____	\$ _____
Payroll	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____	\$ _____
Cash before Taxes/Distribution	\$ _____	\$ _____	\$ _____

Professional Services:

DUNS Number: _____

Insurance Agency: _____

Bank of Business: _____

Business Coach: _____

Business Lawyer: _____

Professional Association: _____

Business Accountant: _____