

Form B - Supplemental Information

SUPPLEMENTAL INFORMATION

1. Disclose:

A. The states in which this proposed registration application is effective.

**None**

B. The states in which this proposed registration application is or will be shortly on file.

**California**

C. The states that have refused to register this franchise offering.

**None**

D. The states that have revoked or suspended the right to offer franchises.

**None**

E. The states in which this proposed registration of these franchises has been withdrawn within the last five years, and the reasons for revocation or suspension.

**None**

2. Source of Funds for Establishing New Franchises

Disclose franchisor's total costs for performing its pre-opening obligations to provide goods or services in connection with establishing each franchise, including real estate, improvements, equipment, inventory, training and other items stated in the offering. State separately the sources of all required funds.

Real Estate: None.

Improvements: None.

Equipment: \$ 50.

Inventory: \$100

Training: \$750

\* All funds available in start-up operating budget of Cucina Bambini Franchising, LLC. See Exhibit D of UFDD, Financial Statements.

Form C - Certification

I certify under penalty of law that I have read and know the contents of this application and the documents attached as exhibits and incorporated by reference and that the statements in all these documents are true and correct.

Executed at San Jose, California, September, 2, 013

[Signature]  
(Signature(s) of Franchisor and/or Subfranchisor)

By Richard Ballard

(Seal)

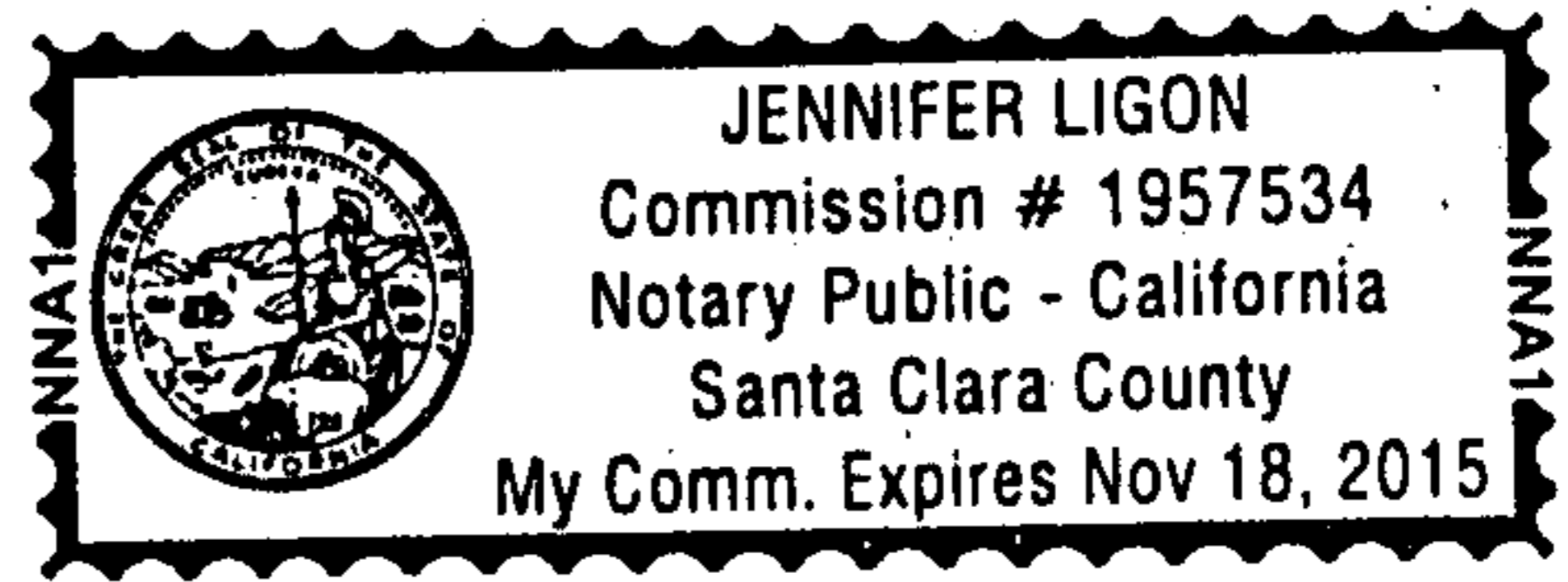
Title Vice President & Manager

STATE OF California )

COUNTY OF Santa Clara ) ss.

Personally appeared before me this 28 day of Sept, 2013 the above-named Richard Ballard and [Signature] to me known to be the person(s) who executed the foregoing application (as Vice President and Manager respectively, of the above-named applicant) and (each), being first duly sworn, stated upon oath that said application, and all exhibits submitted herewith, are true and correct.

[Signature]  
(Notary)



Form E - Sales Agent Disclosure Form

RECEIVED

SALES AGENT DISCLOSURE FORM

2013 OCT 15 AM 10:07

DEPARTMENT OF  
BUSINESS OVERSIGHT  
SAN FRANCISCO

1. List the persons who will offer or sell franchises in this state. For each person state:

A. Name;

NOT APPLICABLE. All named in Item 2 of UFDD.

B. Business address and telephone number;

C. Home address and telephone number;

D. Present employer;

E. Present title;

F. Social Security Number;

G. Birthdate; and

H. Employment during the past five years. For each employment, state the name of the employer, position held, and beginning and ending dates.

2. State whether any person identified in 1. above:

A. Has any administrative, civil or criminal action pending alleging a violation of franchise or securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or any comparable allegations?

YES \_\_\_\_\_ NO X

B. Had during the ten-year period immediately before the Disclosure Document date:

(1) been convicted of a felony or pleaded nolo contendere to a felony charge or been held liable in a civil action by final judgment if the felony or civil action involved a violation of franchise or securities law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable violations of law?

YES \_\_\_\_\_ NO X

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