

Form A - Uniform Franchise Registration Application

UNIFORM FRANCHISE REGISTRATION APPLICATION

File No. F-6436

(Insert file number of immediately preceding filing of Applicant)

State: <u>Minnesota</u>

Fee: \$300.00

APPLICATION FOR (Check only one):

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- X RENEWAL APPLICATION OR ANNUAL REPORT
- _____ PRE-EFFECTIVE AMENDMENT
 - POST-EFFECTIVE MATERIAL AMENDMENT
- 1. Full legal name of Franchisor: Ground Round Independent Owners Cooperative, LLC

2. Name of the franchise offering: Ground Round Grill & Bar Restaurants

3. Franchisor's principal business address: 15 Main Street, Suite 210, Freeport, ME 04032

4. Name and address of Franchisor's agent in this State authorized to receive service of process: Commissioner of Commerce, Department of Commerce 85 7th Place East, Suite 500 St. Paul, MN 55101-2198

5. The states in which this application is or will be shortly on file: Minnesota, Wisconsin, New York, South Dakota



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6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

James F. Keenan, Esq. Bernstein, Shur, Sawyer & Nelson 100 Middle Street P.O. Box 9729 Portland, ME 04104 Certification

E: jkeenan@bssn.com P: (207) 774-1200 F: (207) 774-127

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of <u>April 15, 2016</u> attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Franchisor:

Ground Round Independent Owners Cooperative, LLC

1 Hun

Name: Gary Serino

Title: CFO & Manager

Subscribed and sworn to before	me this \mathcal{JP} day of April, 2016.	
By: Celine M. GA	uthis 12 Sauthier Notary Public, Coun	_
Name: Celine M.	Cuthie Notary Public, Coun	y Cumberland
My Commission expires:	OF INF M. CAUTHER	
	Notacy Public, McLare	

My Commission Explices February 15, 201.

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FRANCHISOR'S COSTS AND SOURCE OF FUNDS

1. Disclose the Franchisor's total costs for performing its pre-opening obligations to provide goods or services in connection with establishing each franchised business, including real estate, improvements, equipment, inventory, training and other items stated in the offering:

Category			Costs
Real Estate			<u> </u>
Improvements			
Equipment			
Inventory			
Training			
Other (describe)			
			<u> </u>
	Totals	·····	

2. State separately the sources of all required funds:

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