



**A-KITCHEN NIGHTMARES CASTING APPLICATION**  
**OWNER/OPERATOR**

**Section 1: The Restaurant**

Name of Restaurant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Restaurant Email: \_\_\_\_\_

Restaurant Website: \_\_\_\_\_

Type of Restaurant/Cuisine: (deli, bistro, country club, etc.) \_\_\_\_\_

Describe the Location/Surrounding Area: (strip mall, stand alone, etc.) \_\_\_\_\_

Size of Restaurant: \_\_\_\_\_

Size of front of house (sq. ft.): \_\_\_\_\_

Size of back of house (sq. ft.): \_\_\_\_\_

How many floors? \_\_\_\_\_

How many does your restaurant seat? \_\_\_\_\_

How many does your bar seat? (if applicable) \_\_\_\_\_

Where is the kitchen located? (main floor, basement, etc.) \_\_\_\_\_

Service: (breakfast, lunch, dinner): \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Number of Owners: \_\_\_\_\_

Number of Working Partners: \_\_\_\_\_

Number of Employees:

Part Time: \_\_\_\_\_ Full Time: \_\_\_\_\_

How long have you been open? (list exact date): \_\_\_\_\_

Is it a family owned/run business: \_\_\_\_\_

Do you have a liquor license?      Yes              No

Do you have a business license?      Yes              No

Federal ID # of Corporation, if any: \_\_\_\_\_

The Name of any parent companies, DBA's, etc.:

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Investors Name, Company Name and Phone Number(s):

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Do you own the building/property? \_\_\_\_\_

If not please list below the landlords name, address, and telephone number:

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List all types of insurance (fire, building, theft, equipment, etc.):

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List five things the restaurant needs help with (can be issues, people, be descriptive):

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What is your 5 year goal for your restaurant?

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Why should Gordon Ramsay pick you and your restaurant? (give history, your passion, your motivation for keeping your business alive and getting to the next level of success):

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**SECTION 2: The Owner**

(if more than 2 owners, please attach additional pages with the following information)

Name of owner #1: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Work phone number: (\_\_\_\_\_) \_\_\_\_\_

Mobile phone number:(\_\_\_\_\_) \_\_\_\_\_

Please indicate the best number you can be reached at (i.e., mobile): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Circle One: Male / Female      Age: \_\_\_\_\_      Birth date: \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_      State of Issue: \_\_\_\_\_

Are you a permanent legal U.S. resident? \_\_\_\_\_

If not, list your current residency status: \_\_\_\_\_

Highest level of education – list school(s), date(s) you attended and graduation date(s) if applicable:

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Culinary Education – list school(s) and date(s) and graduate date(s) if applicable:

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Name of owner #2: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Work phone number: (\_\_\_\_\_) \_\_\_\_\_

Mobile phone number:(\_\_\_\_\_) \_\_\_\_\_

Please indicate the best number you can be reached at (i.e., mobile): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Circle One: Male / Female      Age: \_\_\_\_\_      Birth date: \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_      State of Issue: \_\_\_\_\_

Are you a permanent legal U.S. resident? \_\_\_\_\_

If not, list your current residency status: \_\_\_\_\_

Highest level of education – list school(s), date(s) you attended and graduation date(s) if applicable:

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Culinary Education – list school(s) and date(s) and graduate date(s) if applicable:

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**SECTION 3: Lifestyle / Personal**

Are you fluent in any other language apart from English? \_\_\_\_\_

List a few hobbies, interests, activities or sport you enjoy doing? \_\_\_\_\_

Describe what pressure means to you: \_\_\_\_\_

Describe your style of work and how you perform on a deadline: \_\_\_\_\_

How do you react to criticism? \_\_\_\_\_

Are you a “yes” man/woman? \_\_\_\_\_

What are you most passionate about in life? \_\_\_\_\_

What is the accomplishment of which you are most proud? \_\_\_\_\_

Do you have any special talents? If so, what are they? \_\_\_\_\_

What are your strengths as a restaurant owner? \_\_\_\_\_

What are your weaknesses as a restaurant owner? \_\_\_\_\_

Do you consider yourself a competitive person and why or why not? \_\_\_\_\_

How often do you go to the restaurant? \_\_\_\_\_

How would your employees describe you? \_\_\_\_\_

How would your family describe you? \_\_\_\_\_

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Who are your role models or heroes and why? \_\_\_\_\_

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How many times a week do you eat out? \_\_\_\_\_

Describe a list of your day to day duties in the restaurant: \_\_\_\_\_

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Who creates the menu? \_\_\_\_\_

Do you have a favorite restaurant, besides your own? \_\_\_\_\_

In your restaurant, what is more important, taste or presentation? \_\_\_\_\_

Where did you learn how to run a restaurant? (school, self taught, family business, etc.)

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Do you have a favorite famous Chef? If so, list whom and why? \_\_\_\_\_

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Do you or have you owned other restaurants? If so, describe. \_\_\_\_\_

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Explain the most life-changing event you have been through. \_\_\_\_\_

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Why do you want to participate in Kitchen Nightmares?

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If you could have anything in the world to change your life, what would it be and why? \_\_\_\_\_

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Have you ever appeared in any television programs, films, movies, commercials or advertisements of any kind? If so, please provide details: \_\_\_\_\_

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Have you ever been or participated in a reality television show? If so, please list the title, airdate and network: \_\_\_\_\_

Are you a member of any professional performing arts unions (SAG, AFTRA, AGMA, AEA, etc)? \_\_\_\_\_

Is there anything about your life that you would NOT want public on TV? \_\_\_\_\_

Have you ever been arrested, detained, or convicted of a felony or misdemeanor offense either as a juvenile or as an adult? If so, please provide details and dates: \_\_\_\_\_

Are you involved in any past and/or pending litigation? If so, please explain: \_\_\_\_\_

Have you ever had a restraining order placed against you? If so, please provide details and dates: \_\_\_\_\_

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#### **SECTION 4: Family**

Current marital status (circle one)

a. Single

b. Dating

c. Married      How long? \_\_\_\_\_      How many times? \_\_\_\_\_

d. Not married, but living with significant other      How long? \_\_\_\_\_

e. Separated      How long? \_\_\_\_\_

f. Widowed      How long? \_\_\_\_\_

g. Divorced      How long? \_\_\_\_\_

Do you have any children? If so, list their names and ages: \_\_\_\_\_

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#### **SECTION 5: Medical**

Do you currently have Medical Insurance? \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Do you provide Medical Insurance for your employees? \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Have you ever had any significant physical, mental or medical conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any physical limitations, would you be able to perform the essential functions required to participate in the program if given reasonable accommodations? (i.e. wheelchair ramp, etc.) If accommodations are required, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for any serious physical or mental illness within the last 5 years? If so, please describe in detail, indicating dates, diagnosis and any on-going treatments, prescription medicines or difficulties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for depression? If so, please explain the circumstance and what types of treatment(s) you've had (if any): \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you have and your current treatment for them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke? If yes, how much? \_\_\_\_\_

Do you drink alcohol? If yes, how much? \_\_\_\_\_

Have you ever had problems with alcoholism or any other drug-related addiction? If so, please provide more details including how long you've been in recovery, if that's the case: \_\_\_\_\_

\_\_\_\_\_

Have you participated in any type of 12-step program or support group? If so, which one(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all medications you are currently taking and why you are taking them: \_\_\_\_\_

Explain, in detail, any surgeries you've had in the past 5 years:

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## REQUIREMENTS FOR ELIGIBILITY

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1. I am at least twenty one (21) years of age and a legal U.S. citizen or permanent legal U.S. resident.
  2. I have disclosed, below, to the best of my knowledge, anyone I know who is now, or has been in the past two (2) years, an officer, director, employee, agent or representative of:
    - (a) Upper Ground Enterprises, Inc., Granada America, A. Smith & Co., Optomen Television Limited, Fox Broadcasting Company or any of their respective licensees, assigns, parent, subsidiary and affiliated entities, or affiliated or subsidiary companies, or any division or agent of any of them;
    - (b) Any television station or channel, cable network, or satellite network that may air the Program;
    - (c) Any person or entity involved in the development, production, distribution or other exploitation of the Program or any variation thereof;
    - (d) Any sponsor of the Program or its advertising agency;
    - (e) Any person or entity supplying prizes or other services to the Program.
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3. Neither I nor any member of my immediate family or anyone living in my household is currently or has been within the past two (2) years an employee, officer, director, agent or representative of any of the following:
  - (a) Upper Ground Enterprises, Inc., Granada America, A. Smith & Co., Optomen Television Limited, Fox Broadcasting Company or any television station owned and operated by Fox.
  - (b) Any person or entity involved in the development, production, distribution or other exploitation of the Program or any variation thereof;
  - (c) Any sponsor of the Program or its advertising agency;
  - (d) Any person or entity supplying services or prizes to the Program.

Producers reserve the right to render ineligible any person who Producer determines, in their sole discretion, is sufficiently connected with the production, administration, judging, or distribution of the Program such that his or her participation in the Program could create the appearance of impropriety.

4. I am not a candidate for public office and will not become a candidate until one (1) year after the initial broadcast of any episode(s) of the Program in which I appear.

5. I have not appeared as a participant on more than two (2) other television game or contest shows within the last five (5) years from the tape date of the episode(s) in which I may have appeared. In addition, I have not appeared as a participant on more than one (1) television game or contest show within the past twelve (12) months from the tape date of the episode(s) in which I may have appeared (regardless of whether such appearance has been broadcast or cablecast).

List of show(s) if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I have not been convicted of a felony or misdemeanor and have never had a restraining order entered against me. In addition, I do not have any outstanding criminal warrant(s) for an arrest or litigation against me.
7. If I am selected to participate in the selection process or Program, I acknowledge that I will be required to sign all waivers and release agreements in connection with participating in the Program.
8. If I am selected to participate, I will be exclusively available to producers in Los Angeles or elsewhere for the participant selection process. If I am selected to participate in the program, I will need to be exclusively available to Producers for approximately 6 weeks for taping of the Program and if necessary any follow-up at Producers' discretion.
9. I am willing to submit, authorize and undergo medical, psychological and background investigation as part of the selection process.
10. Being chosen to interview at any level will not ensure that I will be selected to continue through the selection process. Producers reserve the right to disqualify or exclude, at their sole discretion any individual from the interview and selection process at any time. Producers also reserve the right to change the rules and procedures at any time.

- Continue to the following page -

## APPLICATION RELEASE

I hereby acknowledge that I have read and I meet the eligibility requirements. I hereby certify that all statements made in this application are true and complete. I understand that if any of the disclosures made by me on this application are false, this will be cause for disqualification of my consideration for this production.

I further acknowledge and accept that this application form and any other materials (including, but not limited to, photographs, and videotapes) I have submitted or will submit to Upper Ground Enterprises, Inc. will become the sole and exclusive property of Upper Ground Enterprises, Inc. and will not be returned to me. I understand that as the owner of this material Upper Ground Enterprises, Inc. shall have the right to edit, distribute and exploit the material submitted in any manner in its sole discretion but shall have no obligation to do so. By signing below, I grant to Upper Ground Enterprises, Inc. the right to use any biographical information contained in this application, my home video or taped interview, and to record, use, and publicize my home videotape or taped interview, voice, actions, likeness and appearance in any manner in connection with this production.

I hereby release and indemnify Upper Ground Enterprises, Inc., Granada America, A. Smith & Co., Optomen Television Limited and Fox Broadcasting Company and all of their respective licensees, assigns, successors, parents, affiliated and subsidiary companies, divisions, and joint ventures as well as their employees, officers, directors and agents (collectively, the "Released Parties") from any and all claims or demands of every kind that I or any third party may now or hereafter have against the Released Parties in connection with my application to appear in the production and the exploitation of any and all materials I have submitted in connection therewith, or any exercise by any or all of the Released Parties of any of the rights I am granting hereunder, or any other matter contained herein, including, but not limited to, any claims for defamation, violation of rights of privacy and/or publicity, negligence, and/or intentional infliction of emotional distress.

I agree to keep in strictest confidence and to not use or disclose to any party any information or trade secrets obtained or learned as a result of this questionnaire, application, selection process or participation in the program (as applicable), including, without limitation, any information concerning or relating to the program, the events contained in the program, Upper Ground Enterprises, Inc.'s or the network's production activities relating to the program or the outcome of the program that I read, hear or otherwise acquire or learn in connection with or as a result of this questionnaire, application, selection process or participation in the program (as applicable) (collectively, the "Confidential Information and Materials") regardless of whether an episode of the program has been exhibited which may include some or all of the Confidential Information and Materials, without the express prior written consent of a duly authorized representative of Upper Ground Enterprises, Inc.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_