



CASTING APPLICATION

**PLEASE READ THE REQUIREMENTS FOR ELIGIBILITY BELOW
BEFORE COMPLETING THIS APPLICATION.**

1. Do not leave any questions unanswered. If questions do not apply, write N/A as a response.

SECTION 1: THE RESTAURANT

Owner Completing Application First Name:

Owner Completing Application Last Name:

Name of Restaurant:

Restaurant Address:

Restaurant City:

Restaurant State:

Restaurant Zip:

Personal E-mail Address:

Restaurant E-mail Address:

Restaurant Website URL:

Type of Restaurant/Cuisine:

Size of
Restaurant:

Size of Front of
House:

Size of Back of
House:

How many floors?

How many does your restaurant seat?

How many does your bar seat (if applicable)?

Where is the kitchen located?

Service:

Hours of Operation:

Breakfast

Lunch

Dinner

Other

Number of PART TIME Employees:

Number of FULL TIME Employees:

How long have you been open?

Do you have a liquor license?

Yes

No

Is a family-owned/run business?

Number of Owners:

Number of Working Partners:

Yes

No

Do you have a business license?

Federal ID Number of Corporation:

Yes

No

Name(s) of any parent companies, DBAs, etc.:

Name(s) of investor(s); Company name of investor(s); Phone number(s)

Do you own the building/property?

If no, please list below the landlord's name, address, and phone number:

Yes

No

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

List five things the restaurant needs help with:

Please state in three short sentences: Why are you asking for Gordon Ramsay to help change your restaurant?

What is your 5-year goal for your restaurant?

How many restaurant do you own / have you owned? List names, locations, dates:

Why should Gordon Ramsay pick you and your restaurant?

Describe your Front-of-House Employees:

Describe your Back-of-House Employees:

Do your employees that are supervisors do their jobs? If not, why?

What is your employee turnover rate?

Do you spend more time at the back of the house or the front of the house?

Front of house

Back of house

Why?

What are your biggest daily challenges?

What would it take to make your business better?

Who is your biggest competitor and why?

Are you a citizen or permanent legal resident of the United States?

Yes

No

SECTION 2: THE OWNER

Owner 1 - First Name

Owner 1 - Last Name

Owner 1 - Home Address

Owner 1 - City

Owner 1 - State

Owner 1 - Zip Code

Owner 1 - Cell Phone Number

Owner 1 - Work Phone Number

Owner 1 - Home Phone
Number

Owner 1 - Please indicate the best number you can be
reached at:

Owner 1 - E-mail Address:

Owner 1 - Sex:

Owner 1 - Age

Owner 1 - Birth Date

Male

Female

Owner 1 - Height

Owner 1 - Weight

Owner 1 - Hair Color

Owner 1 - Eye Color

Owner 1 - List your current residency status. I am:

A citizen of the United States

A noncitizen of the United States

A lawful permanent resident

An alien authorized to work

Other

Owner 1 - Ethnic origin - please circle one

American Indian or Alaska Native

Asian Indian

Hispanic, Latino, or Spanish

Black, African American

Chinese

Filipino

Guamanian or Chamorro

Japanese

Korean

Vietnamese

Native Hawaiian, Samoan

Caucasian or White

Other Asian, Pacific Islander, or any other race - Specify

Owner 1 - What is your highest level of education?

High School:

Owner 1 - HS - Name of
School:

Owner 1 - HS - Year of
Graduation:

Owner 1 - HS - Degree:

College:

Owner 1 - College - Name
of School:

Owner 1 - College -
Year of Graduation:

Owner 1 - College - Degree:

Masters:

Owner 1 - Masters -
Name of School:

Owner 1 - Masters -
Year of Graduation:

Owner 1 - Masters - Degree:

Other:

Owner 1 - Other - Name
of School:

Owner 1 - Other - Year
of Graduation:

Owner 1 - Other - Degree:

Owner 1 - Have you attended culinary or any type of cooking school?

Yes

No

Owner 1 - If yes, name of school:

Owner 1 - If yes, dates attended:

Owner 1 - If yes, did you
graduate?

Owner 1 - If yes, year of graduation:

Yes

No

N/A

Owner 1 - If yes, curriculum completed:

Owner 1 - If yes, type of degree earned:

Owner 2 - First Name

Owner 2 - Last Name

Owner 2 - Home Address

Owner 2 - City

Owner 2 - State

Owner 2 - Zip

Owner 2 - Cell Phone
Number

Owner 2 - Work Phone Number

Owner 2 - Home Phone
Number

Owner 2 - Please indicate the best number you can be reached at:

Owner 2 - E-mail Address:

Owner 2 - Sex:

Owner 2 - Age

Owner 2 - Birth Date

Male

Female

Owner 2 - Height

Owner 2 - Weight

Owner 2 - Hair Color

Owner 2 - Eye Color

Owner 2 - List your current residency status. I am:

A citizen of the United States

A noncitizen of the United States

A lawful permanent resident

An alien authorized to work

Other

Owner 2 - Ethnic origin - please circle one

American Indian or Alaska Native

Asian Indian

Hispanic, Latino, or Spanish

Black, African American

Chinese

Filipino

Guamanian or Chamorro

Japanese

Korean

Vietnamese

Native Hawaiian, Samoan

Caucasian or White

Other Asian, Pacific Islander, or any other race - Specify

Owner 2 - What is your highest level of education?

High School

Owner 2 - HS - Name of School:

Owner 2 - HS - Year of Graduation

Owner 2 - HS - Degree

College

Owner 2 - College - Name of School:

Owner 2 - College - Year of Graduation

Owner 2 - College - Degree

Masters

Owner 2 - Masters -
Name of School:

Owner 2 - Masters -
Year of Graduation

Owner 2 - Masters - Degree

Other

Owner 2 - Other -
Name of School

Owner 2 - Other -
Year of Graduation

Owner 2 - Other - Degree

Owner 2 - Have you attended culinary or any
type of cooking school?

Yes

No

Owner 2 - If yes, name of school:

Owner 2 - If yes, dates attended:

Owner 2 - If yes, did you graduate?

Owner 2 - If yes, year of graduation:

Yes

No

N/A

Owner 2 - If yes, curriculum completed:

Owner 2 - Type of degree earned:

SECTION 3: LIFESTYLE/PERSONAL

Are you fluent in any other language apart from English?

Yes

No

If yes, which one(s)?

List a few hobbies, interests, activities, or sports 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?

Yes

No

What are your strengths as a restaurant owner?

What are your weaknesses as a restaurant owner?

How often are you at the restaurant?

How would your employees describe you? (Be specific)

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

Who creates the menu?

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

Taste

Presentation

Where did you learn how to run a restaurant?

How many times a week do you eat out and where?

Do you have a favorite famous chef? If so, list whom and why.

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?

Do you consider yourself a competitive person?

Yes

No

Why or why not?

How would your family describe you?

Who are your role models or heroes and why?

Explain the most life-changing event you have been through:

Why do you want to participate in *Kitchen Nightmares*?

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

Have you ever appeared in television programs, films, webisodes, radio, commercials, stage, or advertisements of any kind, whether they aired or not?

Yes

No

If yes, please provide details:

Have you ever been on or participated in a realitytelevision show?

Yes

No

If yes, which one(s) and when?

Are you a member of any professional performing arts unions?

Yes

No

If yes, which one(s)?

SAG

AFTRA

AGMA

AEA

Other

Is there anything about your life that you would NOT want to be made 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?

Yes

No

If yes, please provide details and dates:

Are you involved in any past and/or pending litigation?

Yes

No

If yes, please provide details/explain:

Have you ever had a restraining order placed against you?

Yes

No

If so, please provide details and dates:

SECTION 4: FAMILY

CURRENT RELATIONSHIP STATUS - Please enter N/A for any that do not apply to you.

Single?

Yes

No

Dating?

Yes

No

Married?

Yes

No

If yes, how long?

How many times have you been married?

Not married, but living with significant other?

Yes

No

How long?

Separated?

Yes

No

How long?

Widowed?

Yes

No

How long?

Divorced?

Yes

No

How long?

Do you have any children? If yes, list their names and ages.

Yes

No

SECTION 5: MEDICAL

Do you currently have medical insurance?

Yes

No

If yes, type of plan:

HMO

PPO

No insurance or N/A

Other

Medical Insurance Provider:

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

Yes

No

If yes, please describe:

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.)

Yes

No

N/A - No physical limitations

If accommodations are required, please describe:

Have you ever been treated for any serious physical or mental illness within the last 5 years?

Yes

No

If yes, please describe in detail, indicating dates, diagnosis, and any ongoing treatments, prescriptions medicines, or difficulties:

Have you ever been treated for depression?

Yes

No

If yes, 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 smoke?

Yes

No

Do you drink alcohol?

If yes, how much do you drink?

Yes

No

Have you ever had any problems with alcoholism or any other drug-related addiction?

Yes

No

If yes, please provide more details including how long you've been in recovery (if this is the case):

Have you participated in any type of 12-step program or support group?

Yes

No

If yes, which 12-step program or support group?

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

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

-
1. I am at least eighteen (18) 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., ITV Studios, Inc., 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.

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., ITV Studios, Inc., 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 any other reality television program or 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 am to appear. 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 episode(s) in which I may appear (regardless of whether such appearance has been broadcast or cablecast).

List of show(s), if any:

6. 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.
7. 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 seven (7) days for taping of the Program and if necessary any follow-up at Producers' discretion.
8. I am willing to submit, authorize and undergo medical, psychological and background investigation as part of the selection process.
9. 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.

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., ITV Studios, Inc., 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:

Electronic Signature:

Print Name: