

LIQUOR STORE BROKERS

Please complete and return this profile, via FAX or mail, so that we can present this information requested by our client and provide to you the information about the acquisition opportunity. Please feel free to include your organization brochures, list of holdings or other search criteria as needed.

BUYER PROFILE for:

Contact Person: _____ Title: _____ Date: _____

Company: _____

Or Investment Group (please list all investors): _____

Email: _____ Website _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Extension: _____ FAX#: _____

About your company (or group):

Date Established: _____ # of Employees/Principals: _____ # of Locations: _____

- Holding Company Merchant Bank Venture Capital Investment Group Other
- Individual Public Company Private Corporation Partnership

Annual Revenues: _____

Primary Acquisition Interest _____

FUNDS AVAILABLE FOR ACQUISITION:

Cash in Banks: \$ _____ Stocks: _____

Other Liquid Assets: \$ _____ (describe) _____

Market value of Home _____ Mortgage on Property _____

Other Real Estate _____ Mortgage on Other Real Estate _____

Other Equity or Collateral: \$ _____

The undersigned hereby grants Beacon Capital Group authorization to verify the above information from the following sources:

References: _____ Telephone: _____

Signature _____

Date _____

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