

Franchise Candidate Application

This information is confidential. We will not contact your present employer without your consent.

Name of Franchise and Franchisor: _____

Name of Applicant Franchisee: _____

Personal Information on Potential Franchisee

Single Separated Married Divorced

Number of minor children: _____ Ages of children: _____

Other dependents: _____

Own/buying home Rent Live with parents Live with spouse Live with relatives

Home payments \$ _____ per month

Rental payments \$ _____ per month

If buying, monthly payments \$ _____ Paid to: _____

Applicant

Name: _____

Home telephone: _____

Business telephone: _____

Home address: _____

City/State/Zip: _____

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Social Security number: _____

Birth date (day/month/year): _____

Physical Information

Height: _____ Weight: _____

Physical limitations or health concerns: _____

Educational Record

High school: _____

Last grade completed: 8 9 10 11 12 _____

College/university: _____

Major: _____

Degree received: _____ Year: _____

College/university: _____

Major/area of study: _____

Degree received: _____ Year: _____

Employment Record

Current employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Present salary: _____

Started (year): _____ to _____

Description of work: _____

Previous employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Salary: _____

Started (year): _____ to _____

Description of work: _____

Employment Record of Applicant's Spouse

Current employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Present salary: _____

Started (year): _____ to _____

Description of work: _____

Previous employer: _____

Address: _____

City/State/Zip: _____

Position: _____

Salary: _____

Started (year): _____ to _____

Description of work: _____

Previous Business Owned

Have you ever owned your own franchise or other type of business? If so, give the following details:

Business 1 name: _____ How long owned? _____

Address: _____

How many employees? _____

Type of business: _____

Describe how the business changed over the time you owned it. _____

Business 2 name: _____ How long owned? _____

Address: _____

How many employees? _____

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Type of business: _____

Describe how the business changed over the time you owned it. _____

Financial Information (Note: Additional financial information may be required.)

Net Worth Summary

Current Assets	Current Liabilities
Cash in checking	Notes payable account
Cash in savings account	Amount owed on real estate
Total	Total

Fixed Assets	Long-Term Liabilities
Real estate, home	
Other real estate	
Listed stocks and bonds	
Automobile(s)	
Your own business	
Money due you	
Insurance (cash value)	
Other assets (describe)	
Total	Total
Total Assets	Total Liabilities
Net Worth (assets less liabilities)	

How much capital can you allocate from the above sources to buy this franchise? \$ _____

What is the cash down payment you can make for a franchise? \$ _____

If the required amount is not available, how would the investment be obtained? _____

If you own your home, do you plan to sell it? Yes No Equity \$ _____

Do you plan to convert any of the above assets into cash? Yes No

Do you plan to have a partner? Yes No

If so, will the partner be active? Yes No

Do you plan to have investors? Yes No If so, to what extent? _____

Thoroughly explain your answers and any other strategies you have for obtaining the required funds. Use a separate sheet if necessary.

What is the minimum income you need to maintain your family during the first year of business? \$ _____

From what sources will it come? _____

References

Business References

Name	Address	Years Known

Character References (other than employers or relatives)

Name	Address	Years Known

Former Addresses for the Past Five Years

1. _____
2. _____
3. _____
4. _____
5. _____

Business Goals

In order of priority, list which specific types of business you prefer to become involved with.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Are you willing to relocate? Yes No If so, state locations in order of priority.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

When do you want to start your franchise operation? _____

How did you become interested in this particular franchise? _____

What are your realistic personal and professional goals _____

Three years from now? _____

Five years from now? _____

10 years from now? _____

State your reasons for believing you will be able to successfully operate one of our franchises. _____

Do there appear to be any disadvantages to owning one of our franchises? If so, please state your concerns. _____

Certification

I certify that the enclosed information as given is complete and correct.

Applicant's Signature Date

It is understood that the purpose of this questionnaire is to gather general information and is in no way binding upon either the company or the applicant. It is, however, understood that the applicant supplies the information contained herein to the best of his or her knowledge and ability and that the company relies on this fact in assessing the desirability and qualifications of the applicant.