



*Go on...Play with your Food*

## Franchise Application

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### Your Contact Information

First Name

Last Name

E-mail Address

Phone

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How did you hear about this opportunity?

Have you been to any of our locations?

Name

Date

Address

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Are you married?

Spouse Name

Cell phone

Telephone Day

Telephone Evening

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I am most interested in (single, multi unit):

Market/City Choices (please list top 3):

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### **Education**

School Attended/Years/Degree:

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### **Employment**

Current employer	Position	Number of years
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Address	Work Phone
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Previous employer	Position	Number of years
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Address	Work Phone
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What personal goals would you like to achieve by owning your own business? Rank the most important with a 1 and the least with a 10

Control of future business	Income Level	Personal Growth
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Build a business	Be my own boss	Flexibility of time
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Sales	Management	Organization
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Financial	Marketing	Customer Service
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How would you rate your following business skills? Rank the most important with a 1 and the least with a 10

Sales

Management

Organization

Financial

Marketing

Customer Service

Have you ever owned your own business before?

If yes, please explain

Please list any questions about this opportunity you would like to have answered

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### **Personal Information**

Cash (Checking & Savings)

Stocks/Bonds

CD's

Accounts/Notes Receivable

Real Estate-Home

Automobiles

Personal Property & Furniture

Retirement Accounts: IRA

401 (K)

Other

Other Assets-Itemize

Total Assets

Notes Payable-Banks

Other

Credit Card Debt

Other Accounts Payable

Mortgage-Home

Line of Credit

Total Liabilities

Net worth

Liquid Assets

Yearly Income from Present Occupation

Spouse's Yearly Income

Minimum Income needed to maintain  
current lifestyle

Would this business be your only source of income?

If no, please explain

### **Confirmation**

I certify that the information I have submitted on this form is complete and correct. I understand that the information I am providing is confidential and will not be shared with anyone without my permission and will be held in strict confidence. If there is a partner involved in this business, I understand that he/she/they will also be required to complete this form as well prior to being granted a franchise. (Please fill out your whole name below)