

WRITE CLEARLY OR PRINT
PLEASE ANSWER ALL QUESTIONS
PERSONAL INFORMATION

Franchise
Evaluation
Form

LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF APPLICATION	
BIRTHDATE / /		AGE	TELEPHONE NUMBER ()		
EMAIL ADDRESS				CELL NUMBER ()	
CURRENT ADDRESS	CITY	STATE	ZIP	HOW LONG?	RENT OR OWN

APPLICANT'S FRANCHISE PLANS

WILL THE FRANCHISE BE OWNED AND OPERATED BY YOURSELF, FAMILY MEMBERS OR A GROUP?

HOW SOON DO YOU WANT TO GET INTO BUSINESS?
PLEASE EXPLAIN FULLY.

AMOUNT OF CAPITAL AVAILABLE FOR THIS BUSINESS.

DESCRIBE FULLY

TERRITORY FOR WHICH APPLICATION MADE

WOULD YOU CONSIDER ANY OTHER AREA?

WHAT AREA(S)?

EDUCATION

PLEASE LIST EDUCATIONAL BACKGROUND: HIGH SCHOOL, COLLEGE (DEGREES IF ANY), MILITARY

BUSINESS AND EXPERIENCE RECORD

HAVE YOU BEEN IN BUSINESS FOR YOURSELF? DESCRIBE

NAME AND ADDRESS OF EMPLOYER

POSITION, TITLE AND DUTIES

DATES OF EMPLOYMENT

FROM / / TO / /

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY.

Date _____ Signed _____