



**CIRCLE DESIRED OPENING TIME FRAME:**

Now – 60 Days    61 – 90 Days    3 – 6 Months    6 – 12 Months

# Questionnaire

Your responses to this Questionnaire are confidential. We will not contact your present employer without your approval. By submitting this, you are not obligated in any way.

## PERSONAL DATA

Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
Address (Home) \_\_\_\_\_ Years \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address (Business) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_ Social Security \_\_\_\_\_  
Education (highest level attained): \_\_\_\_\_  
Special Schooling, and/or Training Seminars attended: \_\_\_\_\_

## PERSONAL REFERENCES *(Please list persons who have known you for two or more years)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Years Known \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Years Known \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Years Known \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_

## BUSINESS REFERENCES *(Other Than Current Employer)*

Business \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Business \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

## BUSINESS EXPERIENCE

Name of Present Employer (or previous) \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
Contact \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Duties and Responsibilities \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary \_\_\_\_\_

**Have you ever worked for DoubleDave's Pizzaworks?** \_\_\_\_\_

If so, please provide details of employment:

**GENERAL INFORMATION:**

How did you become interested in DoubleDaves Pizzaworks?

How much capital are you prepared to invest? \_\_\_\_\_

Do you have a source of financing: (If so, please name the source) \_\_\_\_\_?

Do you plan to devote full time to the business? \_\_\_\_\_ If not, what percentage? \_\_\_\_\_

Who would run the business? \_\_\_\_\_ (Please provide resume for this person)

In What areas or territories would you like to establish a DoubleDave's Pizzaworks?

First preference \_\_\_\_\_

Second Preference \_\_\_\_\_

Third Preference \_\_\_\_\_

**TYPE OF ENTITY YOU WILL OPERATE AS FRANCHISEE:**

Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Individual: \_\_\_\_\_

If you plan to operate as a partnership or corporation, please list partners or shareholders:

**NOTE:** a special financial statement must be submitted for each partner or shareholder.

**FINANCIAL DATA (Your personal financial statement may be requested at our first meeting.)**

What is your approximate net worth? \_\_\_\_\_

How will you obtain cash and/or credit to manage the average \$250,000 investment required? Please be specific. *(If applying for an SBA loan, you must have at least \$85,000 cash to qualify.)*

**BUSINESS HISTORY (Please have a resume available at our first meeting.)**

Yes	No	
_____	_____	Do you now own a franchise business? Name of franchise: _____
_____	_____	Have you ever failed in business? Compromised with creditors or filed bankruptcy? Detail: _____
_____	_____	Have you ever been involved in litigation regarding your business interests? Detail: _____

**ASSETS****LIABILITIES AND NET WORTH**

Cash	\$	Note payable to banks (Direct borrowings only)	\$
Accounts and Loans Receivable	\$	Notes Payable to Others	\$
Life Insurance, Cash Surrender value (do not deduct loans)	\$	Loans against Life Insurance	\$
Stocks & Bonds	\$	Accounts Payable	\$
Real Estate	\$	Mortgages Payable on Real Estate	\$
Automobiles (Registered in own name)	\$	Other Liabilities (Itemized)	\$
Other Assets (itemized)	\$	Net Worth	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities &amp; Net Worth</b>	<b>\$</b>

**BANKING RELATIONS**

(A List of all bank accounts including Savings &amp; Loans)

Name & Location of Bank	Cash \$	Amount of Loan \$
Totals	\$	\$

**SOURCE OF INCOME**

Salary	\$
Bonus & Commissions	\$
Dividends & Interest	\$
Real Estate Income	\$
Other Income (Itemized)	\$

Any partners you have must also complete a copy of this questionnaire, including financial information. If applying on behalf of a corporation, please provide a description of business and include a balance sheet and profit and loss statement.

I certify all information provided in this questionnaire, including financial data, are correct. By signing this questionnaire I authorize investigation, including preparation of credit reports, of all statements contained herein, and the financial information disclosed herein, and release all parties from any liabilities for any damage that may result from this investigation.

I authorize any person or company contacted to provide DoubleDave's Pizzaworks Systems, Inc. or its representatives, all such information requested by DoubleDave's Pizzaworks Systems, Inc, including, without limitation, information concerning my education, employment, work habits, observations or character and credit history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: 3355 Bee Caves Road, Ste. 101, Austin, TX 78746 or Fax to: 512-343-0248**