



## Franchise Opportunity Questionnaire

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Spouses Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Occupation: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
How Long in Present Position? \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_  
How Long in Present Position? \_\_\_\_\_  
Do you have children:  Yes  No  
Ages: \_\_\_\_\_

### OTHER INFORMATION

Have you ever filed bankruptcy?  Yes  No  
If so, how long ago? \_\_\_\_\_  
Have you ever been convicted of a felony?  Yes  No  
If so, for what? \_\_\_\_\_  
Do you currently, or have you ever, owned your own business?  
 Yes  No If so, describe: \_\_\_\_\_  
Will you be able to devote full time to this new business?  
 Yes  No  
If not, who do you have in mind to operate the business?  
 Spouse  Partner  Manager  
In what area are you considering establishing a business?  
City: \_\_\_\_\_ Prov: \_\_\_\_\_

Do you have a specific location in mind?  Yes  No  
Where? \_\_\_\_\_

If accepted, how soon would you be able to operate a center?

3-6 months  6-12 months  12+ months

### FINANCIAL INFORMATION

1. Cash on Hand & in Banks: \$ \_\_\_\_\_
2. Savings Funds/Certificates: \$ \_\_\_\_\_
3. Stocks, Bonds & Securities: \$ \_\_\_\_\_
4. Retirement Plans, RRSPs: \$ \_\_\_\_\_
5. Home Market Value: \$ \_\_\_\_\_
6. Other Real Estate (Market Value): \$ \_\_\_\_\_
7. Personal Property: \$ \_\_\_\_\_
8. Other Assets: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**Add up lines 1-9 for TOTAL ASSETS =** \_\_\_\_\_

1. Notes Payable: \$ \_\_\_\_\_
2. Revolving A/C Balances: \$ \_\_\_\_\_
3. Credit Card Balances: \$ \_\_\_\_\_
4. Home Mortgage Balance: \$ \_\_\_\_\_
5. Other Real Estate Debt: \$ \_\_\_\_\_
6. Auto Loans: \$ \_\_\_\_\_
7. Other Debts: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**Add up lines 1-7 for TOTAL LIABILITIES =** \_\_\_\_\_

**YOUR TOTAL ASSETS - YOUR TOTAL LIABILITIES**  
\_\_\_\_\_ = **NET WORTH**



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What is your current annual household income?

\$ \_\_\_\_\_

How would you maintain living expenses during a new business start-up period?  savings  spouse's/partner's salary

Other \_\_\_\_\_

If you were to proceed with this investment, would you have to finance any portion?  Yes  No

How much? \_\_\_\_\_

How?  Home Equity  Canadian Small Business Loan

Other \_\_\_\_\_

## PERSONAL SKILLS

Please rate your skills in the following areas:

On a scale of 1 – 5. **Please only** check **one number**.

1 = No Knowledge, 2 = Some Knowledge, 3 = Average Knowledge, 4 = Very Knowledgeable, 5 = Highly Knowledgeable/Expert

1. Rate your ability to start a conversation

1  2  3  4  5

2. Rate your ability to make cold sales calls

1  2  3  4  5

3. Rate your ability to train and motivate staff

1  2  3  4  5

4. Rate your general computer skills

1  2  3  4  5

## EDUCATION & EMPLOYMENT HISTORY

### List Educational Background:

(Note: you may attach a resume for this portion)

High School/College: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List Employment History for the past 5 years:

(Note: you may attach a resume for this portion)

Employer: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred By: \_\_\_\_\_

Use this space for any additional information concerning yourself:

