



2727 W. 2nd Street, Ste. 322 - Hastings, NE 68901
402-462-5983 - www.eileenscookies.com

Eileen's Colossal Cookies Franchise Application

The following information is provided to help us determine your qualifications as a prospective franchisee. The completion of this information form in no way obligates you to pursue this franchise opportunity. All information contained herein shall be held in the strictest confidence and shall be used for no other purpose than determining your compatibility as a prospective franchisee.

Personal Information

Name: _____ Social Security Number _____
Last First Middle

Address: _____
Street City State Zip How Long?

Age: _____ Home Phone: _____ Marital Status: _____ Spouse's Name: _____

Cell Phone: _____ Email: _____

Occupation or Employer: _____ How Long? _____

Position: _____ Salary: _____ Other Income: _____

Spouse's Occupation: _____ Salary: _____ How Long? _____

Number of Dependents & Age(s) _____ Home: Rent _____ Own _____ U.S. Citizen? Yes _____ No _____

Last Former Residence (and dates): _____

Are you a defendant in any pending legal action? (Explain) _____

Have you ever been convicted of a felony? Yes _____ No _____

Education

Name/Location Years Completed Majors/Degrees Graduation Date

High School: _____

College: _____

Graduate School: _____

Trade, Business, or
Correspondence Schools: _____

Branch of Service Type of Discharge Active Duty Dates

Military Service: _____

Employment Information (Please list most recent job first) A résumé may be substituted for this section if desired.

<u>FIRM</u>	<u>CITY/STATE</u>	<u>POSITION/DUTIES</u>	<u>DATES</u>	<u>INCOME</u>	<u>REASON FOR LEAVING</u>

Rank the following activities 1 thru 10 based on what you enjoy the most (1) thru what you enjoy the least (10)

Management
 Sales
 Bookkeeping/Finance
 Social Activities
 Cooking
 Administrative/Clerical
 Outdoor Activities
 Meeting New People
 Reading
 Physical Activities

Have you ever owned or operated your own business? What kind of business? _____

Dates of operation: From _____ To _____

Have you had any business/management experience? _____

References (Please list three references other than family)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>YEARS KNOWN</u>

General Questions

How did you become aware of this franchise opportunity? _____

How long have you been interested in starting your own business? _____

What source of funding do you plan to use to meet the cash requirements of the franchise?

Personal Cash
 Financing
 Investors

Explain the details of your funding:

How much capital do you have available for this business? _____

What city/area do you have in mind for the business? _____

Will your franchise be your primary source of income or an investment? _____

Will your spouse or any family members participate, and in what capacity? _____

Financial Information

ASSETS

LIABILITIES

Checking	\$	Notes Payable to Banks	\$
Savings	\$		\$
Other Cash	\$	Other Notes Payable	\$
Accounts Receivable	\$	Accounts Payable	\$
Stocks and Bonds	\$		\$
Notes Receivable	\$	Taxes Payable	\$
Automobiles	\$	Loans Against Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
Other Assets (Itemized)	\$	Other Liabilities (Itemized)	\$
	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$

Net Worth (Total Assets Less Total Liabilities)

\$ _____

Personal Profile

Please use your own words to provide any additional information that could be used in considering your application for an Eileen's Colossal Cookies franchise. This could include personal traits, community involvement, family background, personal and business experience, past and future goals, etc... Any information is helpful.

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

Applicant's Signature _____ Date _____