



# TOPPER'S PIZZA FRANCHISE PREQUALIFICATION QUESTIONNAIRE

This is a prequalification questionnaire only and is in no way binding upon either Topper's Pizza, Inc. or the applicant. All information is strictly confidential and is used by Topper's Pizza solely to determine preliminary qualifications for a Topper's Pizza Franchise.

Please complete a Questionnaire for each proposed partner in the business. Make copies of this form, if necessary.

## PERSONAL INFORMATION-APPLICANT (please type or print legibly)

Name:		Date of Birth:		Birth Place:	
Address:					
City:		County:		State:	
Other Names Known By:		# Of Dependents		Ages:	
Home Phone:		Cell Phone:			
Fax Number:		Business Phone:			
Email Address:		Social Security #:			
Drivers License #:		State DL issued:			

## PERSONAL INFORMATION-SPOUSE (please type or print legibly)

Name:		Date of Birth:	
Employer/Position:		# Years in position:	
Annual Income:		Social Security #:	

## EDUCATION

Years Completed (please circle)	High School 1 2 3 4	College 1 2 3 4	Grad School 1 2 3 4
Degrees	High School	College	Grad School
Schools Attended	High School	College	Grad School
Military Branch	Years	Discharge Date	Type Discharge

## PERSONAL REFERENCES

Name:		Relationship:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Fax Number:		Business Phone:	
Email Address:		Years Known:	

Name:		Relationship:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Fax Number:		Business Phone:	
Email Address:		Years Known:	

**BUSINESS REFERENCES**

Name:		Relationship:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Fax Number:		Business Phone:	
Email Address:		Years Known:	

Name:		Relationship:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Fax Number:		Business Phone:	
Email Address:		Years Known:	

**EMPLOYMENT/BUSINESS EXPERIENCE** (list current employer first; resume or other business summary may be attached)

Employer:		Dates-From:		To:	
Address:					
City:		State:		Zip:	
Position:		Annual Income:			
Supervisor or Contact:		Direct Line/Extension:			

Employer:		Dates-From:		To:	
Address:					
City:		State:		Zip:	
Position:		Annual Income:			
Supervisor or Contact:		Direct Line/Extension:			

**GENERAL INFORMATION**

How did you hear about Topper's Pizza? _____
Have you or any member of your family ever been affiliated with or employed by any Topper's Pizza franchise owner? YES or NO If yes, please explain: _____
Do you now or have you ever owned a business? YES or NO If yes, please explain: _____
Do you now or have you ever owned a franchise? YES or NO If yes, please explain: _____
Do you now or have you ever operated or participated in the operation of a food business? YES or NO If yes, was it a pizza business? YES or NO If yes, give name and location of operation: _____
Do you intend to operate and manage this franchise yourself? YES or NO If no, who will be responsible for the daily operation? : _____

What are your intentions regarding commitment of your time to the franchise?  
 \_\_\_\_\_

What other parties will be involved in the business as operators or partners?  
 \_\_\_\_\_

Will you regard your Topper's Pizza Franchise as a: Career or Investment?  
 \_\_\_\_\_

What amount of cash/liquid assets do you have available to invest?  
 \_\_\_\_\_

If other funds are needed, how will you obtain them? Please explain:  
 \_\_\_\_\_

When would you like to open your store? Month \_\_\_\_\_ Year \_\_\_\_\_

Location Preference:  
 1) City \_\_\_\_\_ State \_\_\_\_\_ 2) City \_\_\_\_\_ State \_\_\_\_\_  
 3) City \_\_\_\_\_ State \_\_\_\_\_

How many stores would you like to open in the next 5 years? \_\_\_\_\_

What is your desired 1<sup>st</sup> year income? \_\_\_\_\_

Do you have the physical ability to perform job duties? (Some job functions will require lifting 50lbs. or more, standing for 8+ hours per day, etc.) Please explain:  
 \_\_\_\_\_

If other funds are needed, how will you obtain them? Please explain:  
 \_\_\_\_\_

**ASSETS**

**LIABILITIES**

Cash Available		\$
Accounts & Loans Receivable		\$
Notes Receivable		\$
Life Insurance (cash surrender value)		\$
Stocks & Bonds		\$
401K, Pension Plan, Retirement		\$
Real Estate	1) Home	\$
	2)	\$
	3)	\$
Other Assets	1) Car	\$
	2)	\$
	3)	\$
<b>TOTAL ASSETS</b>		\$

Notes Payable to Banks		\$
Notes Payable to Others		\$
Loans Against Life Insurance		\$
Accounts Payable		\$
Interest Payable		\$
Mortgages	1) Home	\$
	2)	\$
	3)	\$
Other Liabilities	1) Car	\$
	2) Charge Acct.	\$
	3)	\$
<b>TOTAL LIABILITES</b>		\$

**NET WORTH** (total assets minus total liabilities) \_\_\_\_\_

**BANK REFERENCES**

Name of Institution:		Contact:	
Address:		City:	
State:		Zip:	
Type of Account(s) held at this institution:			

Name of Institution:		Contact:	
Address:		City:	
State:		Zip:	
Type of Account(s) held at this institution:			

Please continue to the reverse side

