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# THIS IS NOT A CONTRACT

This questionnaire is designed to help us with background information to evaluate your qualifications as a potential franchisee of Gelato Italiano. Please be as detailed as possible. The completion and submission of this questionnaire does not obligate either party in any manner.

**DATE:**

**PLEASE INDICATE YOUR DESIRED TERRITORY:**

## I. Personal Information

Please have each principal complete a copy of this form. **(If you are a group of investors, please forward resumes of each operating partner).**

Name:

Title:

Company:

Street Address:

City:

State:

Work Phone:

Home Phone:

Fax:

Email Address:

Education (highest level attained), School/University Name, Year Graduated, Degree:

### II. General Information

1. Indicate your business background and experience (include employment history for past 10 years, business descriptions, years in business, number of employees, annual sales, related companies, shareholders on business).
2. Do you have any managerial retail or franchise business experience? Please explain.
3. Do you have any commercial real estate or construction experience? Please explain.
4. Have you ever failed in a business venture or filed for bankruptcy? If yes, please explain.
5. Describe any lawsuits to which you have been a party (include the city, country and court in which the lawsuit was filed and the outcome).
6. Are you a party to any pending litigation? Please explain.
7. Have you ever been convicted of a felony? If yes, please explain.
8. Please provide three business references (indicate reference name, company, position, address, telephone number, relationship to you, and years known).
9. Please provide three personal references (indicate reference name, address, telephone number, relationship to you, and years known).
10. Why do you want to buy a Gelato Italiano franchise, and in particular what features of this franchise attract you?
11. What skills and experience do you have that would enable you to be successful as a Gelato Italiano franchisee?
12. What would your role be in your proposed Gelato Italiano franchise?
13. Please provide the details of your management team.
14. What makes your group uniquely qualified to open and run a successful franchise territory for Gelato Italiano?

## III. Prospective Franchise Information

1. When would you be ready to start this business?
2. What do you feel is the appropriate store development schedule in this market over a 5 and 10 years period (i.e., number of stores per year)? Please indicate estimated size (sq. ft.) and location of stores.
3. Do you own specific property that you want to develop? If yes, please describe.
4. Would this business be your sole source of income? If no, please explain.
5. What level of annual sales, transactions and average ticket do you estimate per store? Please indicate estimated annual growth of sales by year.
6. What is the estimated period of lease per store? Please indicate the annual occupancy cost including rent and other related expenses paid to the landlord and the deposit amount if applicable.
7. What would be the average staff salary and general manager salary at each store? Please provide a description of indirect benefits and what percentage of base salary it amounts to.
8. How would you structure the finance, purchasing and distribution, operation and technical support, human resources and training activities? Also include a headcount per year and the cost of labour, capital investments, and other expenses.
9. Please indicate any dietary restrictions or geographic tastes/preferences that would influence your prospective gelato/frozen dessert business in your desired location. Please provide any relevant information regarding factors that must be considered to conduct business in your desired location.
10. What would be the target market in your desired location? Why do you believe that there is sufficient market to make a profitable business – including the time period for the full return on your investment?
11. What weaknesses and challenges would you need to deal with in the desired market to run a profitable business (security issues, governmental regulations, taxes, etc)?
12. Are you prepared to comply with the procedures and controls set by Gelato Italiano?
13. Please provide any additional information that you feel would support our decision to move forward, relative to your abilities and previous business experience that would provide for a successful launch of Gelato Italiano concept within your desired business location.

**IV. Financial Information**

1. How much liquid capital do you and your group have to invest in both the necessary infrastructure and store? Please indicate the source.
2. Do you currently have a source for financing and what amount of financing do you believe you could qualify for?
3. Do you have a business plan?
4. Are there any investors/associates who would join you in the Gelato Italiano Franchise? If yes, please list.
5. Pending further franchising discussions, please be prepared to provide your most recent financial statements, and most recent and prior year annual audited financial statement. Also be prepared to provide a summary of the financial statements: main assets, main liabilities, sales, net profit, and net worth. **(The inclusion of these financial documents is not required at this stage of discussions.)**
6. Pending further franchising discussions, please be prepared to provide bank references (bank name, address, account number, type of account, telephone number). **(The inclusion of bank references is not required at this stage of discussions.)**

The personal information contained within this questionnaire is provided to Gelato Italiano in order to obtain pertinent credit information as part of the Gelato Italiano franchise evaluation process.

**DECLARATION**

The undersigned states that the information contained herein is true to the best of his/her knowledge and that no relevant details have been omitted and gives permission to Gelato Italiano and its representative to confirm the information provided.

The undersigned acknowledges that if any information in this application is false or misleading in any way, Gelato Italiano shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this application.

Name:

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Signature: Date:

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