



TOPPERS PIZZA FRANCHISE PREQUALIFICATION QUESTIONNAIRE

This is a prequalification questionnaire only and is in no way binding upon either Toppers Pizza, Inc. or the applicant. All information is strictly confidential and is used by Toppers Pizza solely to determine preliminary qualifications for a Toppers 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 check the highest level completed)	High School 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	College 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Grad School 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Degrees	High School	College	Grad School
Schools Attended	High School	College	Grad School
Military Branch	Years	Discharge Date	Type Discharge

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:		

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Address:					
City:		State:		Zip:	
Position:			Annual Income:		
Supervisor or Contact:			Direct Line/Extension:		

GENERAL INFORMATION

How did you hear about Toppers Pizza?

Have you or any member of your family ever been affiliated with or employed by any Toppers Pizza franchise owner? Check YES or NO If yes, please explain:

Do you NOW own a business? Check YES or NO If yes, please explain:

Have you EVER owned a business? Check YES or NO If yes, please explain:

Do you NOW own a franchise? Check YES or NO If yes, please explain:

Have you EVER owned a franchise? Check YES or NO If yes, please explain:

Do you NOW operate or participate in the operation of a food business? Check YES or NO
If yes, is it a pizza business? Check YES or NO
If yes, give name and location of operation:

Have you EVER operated or participated in the operation of a food business? Check YES or NO
If yes, was it a pizza business? Check YES or NO
If yes, give name and location of operation:

Do you intend to operate and manage this franchise yourself? Check 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 Toppers Pizza Franchise as a: Career or Investment ? (please check one)

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? _____

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.) If NO, Please explain:

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:	

BANK REFERENCES

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

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

ASSETS

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)	\$
TOTAL ASSETS		\$

LIABILITIES

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)	\$
TOTAL LIABILITES		\$

NET WORTH (total assets minus total liabilities)

\$

This document is for general information purposes only and is in no way binding upon you or Toppers Pizza. In accordance with the Fair Credit Reporting Act, a routine inquiry and subsequent inquiries may be made to TransUnion or other qualified services to obtain information pertaining to your qualifications for owning a Toppers Pizza franchise. Upon your written request, we will provide additional information as to the nature of such inquiry. All information is strictly confidential and is used as part of Toppers Pizza's preliminary qualifications process.

Except as disclosed on this form, I am not an owner, officer, director, employee or lender of any business engaged in the sale of pizza or submarine sandwiches. I am not subject to any agreement which would prohibit me from becoming a Toppers Pizza, Inc. franchisee.

Upon the signing of this document, I hereby certify that all information supplied to Toppers Pizza is true and correct, and hereby acknowledge that Toppers Pizza, Inc. can rely on this information to assess my qualifications for a Toppers Pizza franchise.

Signature _____ Spouse's Signature _____

Name (print) _____ Name (print) _____

Date _____ Date _____

Please use the space below to provide details which may assist us in evaluating your qualifications as a Toppers Pizza franchise. (For example: Why are you looking at franchise opportunities now? What interests you about the pizza/restaurant business? Explain why you would be a good franchisee; etc.) **Attach additional pages and resume(s) as necessary.**