

Date: _____



3830 Starr Centre Drive
Suite #1
Canfield, Ohio 44406

P:(330) 702-8270
F:330-702-8290

info@handelsicecream.com

The following information is the basis for my franchise application. The submission of this application does not obligate Handel's Enterprises or myself in any way or manner.

(Please print or type)

Name: _____ Social Security No.: _____
Last First Middle

Address _____
Street City State Zip Code

Best Time to Call

Residence Telephone: () _____ From: _____ To: _____

Email address: _____

PERSONAL INFORMATION:

Date of Birth: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Occupation: _____

Number of Dependents: _____

Describe any Physical Disabilities or Limitations: _____

Are you a citizen of the USA? Yes: _____, No: _____. If no, please give place of permanent residence and your immigration status in the USA. (Also, please attach evidence of your status in the USA with this application. _____)

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)? Yes: _____, No: _____

If yes, please state details: _____

Do you have any felony charges pending, being appealed, or are you under indictment? Yes: _____, No: _____

If yes, please state details: _____

Have you ever been adjudicated bankrupt? Yes: _____, No: _____

If yes, please state date and details: _____

Home: Own: _____ Rent: _____ How long?: _____

Last former residence: _____

Street City State Zip Code

Are you related to any officer, director, employee, or franchisee or Handel's Enterprises Inc. and any of its subsidiaries?

Yes: _____, No: _____. If yes, please state name, relationship and position held: _____

Do you now or have you ever owned/managed or had an interest in a restaurant operation? Yes: _____, No: _____

If yes, please state details; _____

Have you ever applied for a Handel's Franchise before?: Yes: _____, No: _____.
If yes, please state details: _____

EDUCATION: (Circle last year of school completed).

High School	9	10	11	12
College	1	2	3	4
Post-Graduate	1	2	3	4

Name Year Graduated Major and Degrees

College: _____

Graduate School: _____

Special Awards or Honors: _____

Languages spoken fluently: _____

MILITARY SERVICE:

Branch of Service: _____ From: _____ To: _____

Type of discharge: _____ Rate or rank: _____

BUSINESS EXPERIENCE: (Give present or last position first. If additional space is needed attach a separate sheet).

May we contact your present employer? Yes: _____, No: _____

Company: _____ Address: _____
Type of Business: _____ Employed From: _____ To: _____
Position: _____ Annual Salary: _____
Supervisor: _____ Telephone: () _____
Describe duties, responsibilities and number of employees supervised: _____

Company: _____ Address: _____
Type of Business: _____ Employed From: _____ To: _____
Position: _____ Annual Salary: _____
Supervisor: _____ Telephone: () _____
Describe duties, responsibilities and number of employees supervised: _____

ACTIVITIES:

What are your hobbies, avocations, or special interests?: _____

List membership in any civic, service or professional organizations: _____

BUSINESS INTEREST:

How or why did you become interested in Handel's?: _____

(Identify periodical, open house, etc., if applicable)

Will you have a business partner(s)? Yes: _____, No: _____ If yes, please give name of partner(s): _____

(NOTE: Separate application and financial statement will be required of each partner.)

TO WHAT EXTENT WILL YOU BE ACTIVELY INVOLVED IN THE DAY TO DAY OPERATIONS OF HANDEL'S ICE CREAM? _____

What percent of the equity of this restaurant business will you own?: _____%

Who will be the operating partner(s)?: _____

What business(es) do you currently have ownership in?: _____

Do you have any ownership in a competing business? _____

The available capital (cash) I will invest in this franchise is \$ _____

List the sources of capital you plan to use to establish your Handel's Ice Cream Co. (i.e.: Cash in Banks, Stocks, Bonds, etc.): _____

PERSONAL REFERENCES: (Name three persons who have known you at least two years ~ Not former employees or relatives.)

Name	Address	Position	Telephone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

LOCATION PREFERENCES:

First Choice: _____

Second Choice: _____

Others: _____

Would you be willing to relocate? Yes: _____, No: _____. If yes, please identify where: _____

PERSONAL FINANCIAL STATEMENT:

I MAKE THE FOLLOWING STATEMENT OF ALL MY ASSETS AND LIABILITIES AS OF THE _____ DAY OF _____, 20__.

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS	CURRENT	6 MONTHS PREVIOUS
Cash on hand and unrestricted in banks. (See Sched. No. 1)	\$	
U.S. Government Securities		
Accounts and Loans receivable. (See Sched. No. 2)		
Notes receivable, not discounted. (See Sched. No. 2)		
Notes receivable, discounted with banks, finance co.'s, etc. (See Sched. No. 2)		
Life Insurance, Cash Surrender Value (Do not deduct loans.) (See Sched. No. 3)		
Other Stocks and Bonds. (See Sched. No. 4)		
Real Estate. (See Sched. No. 5)		
Automobiles. (Registered in your name)		
Other Assets. (Itemize)		
TOTAL ASSETS	\$	

LIABILITIES AND NET WORTH	CURRENT	6 MONTHS PREVIOUS
Notes payable to banks, unsecured direct borrowings only. (See Sched. No. 1)	\$	
Notes payable to banks, secured direct borrowings only. (See Sched. No. 1)		
Notes receivable, discounted with banks, finance co.'s, etc. (See Sched. No. 1)		
Notes payable to others, Unsecured.		
Notes payable to others, Secured.		
Loans against Life Insurance. (See Sched. No. 3)		
Accounts payable		
Interest payable		
Taxes and assessments payable. (See Sched. No. 5)		
Mortgages payable on Real Estate. (See Sched. No. 5)		
Brokers margin accounts. (See Sched. No 4)		
Other liabilities. (Itemize)		
Total liabilities	\$	
Net Worth (Total Assets Minus Total Liabilities)	\$	

SOURCE OF INCOME	CURRENT	6 MONTHS PREVIOUS
Salary	\$	
Bonus and Commissions	\$	
Dividends	\$	
Real Estate Income	\$	
Other Income - Itemize	\$	
Total	\$	

CONTINGENT LIABILITIES	CURRENT	6 MONTHS PREVIOUS
As endorser or co-maker	\$	
On leases or contracts	\$	
Legal claims	\$	
Provision for Federal Income Taxes	\$	
Other special debt	\$	

SUPPLEMENTARY SCHEDULES

No. 1. BANKING RELATIONS. (A list of all my bank accounts, including savings and loans.)

Name and Location of Banks and Acct. #'s	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed or Secured

No. 2. ACCOUNTS, LOANS AND NOTES RECEIVABLE. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

No. 3. LIFE INSURANCE

Name of Person Insured and Policy #	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned

No. 4. OTHER STOCKS AND BONDS

Face Value (Bonds) No. of Shares (Stocks)	Description of Security & Due Date	Registered in Name of and #	Cost	Present Market Value & Date	Income Received Last Year	To Whom Pledged
Broker(s) Name(s):						Balance of Margin Acct.(s)

NOTE: Indicate on each if stocks or bonds are held by the broker (B) or by yourself (S)

No. 5. REAL ESTATE. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows: _____

Description or Street Number	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payment	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amt.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION FURNISHED IN THIS HANDEL'S ICE CREAM FRANCHISE APPLICATION IS TRUE AND CORRECT.

I, ALSO, AUTHORIZE HANDEL'S ICE CREAM TO MAKE ANY ADDITIONAL CREDIT/CRIMINAL BACKGROUND CHECKS WHICH IT DEEMS NECESSARY.

DATED THIS _____ DAY OF _____, 20__

NAME: _____