



MR. SMOOTHIE FRANCHISES, INC.

FRANCHISE EVALUATION FORM

Please complete and return this form to:
 Aaron Goldberg via email to aaron@mrsmoothie.com or fax to 301-560-3496

Franchisee			
<i>Last</i>		<i>First</i>	
<i>Middle</i>			
Applicant's Name			
<i>Street</i>		<i>City</i>	
<i>State</i>		<i>Zip</i>	
Address			
Home Phone		Business Phone	
Mobile Phone		Email Address	
<i>Name</i>		<i>City</i>	
<i>State</i>			
Current Employer			
Position		Date of Employment	
		<i>From</i>	
		<i>To</i>	
Date of Birth		Marital Status	
		No of Dependents	
Spouses Name		Are you a U.S. Citizen	
Have you ever been convicted of a felony?			

Company Franchisee Applying as

(Check one)

Partnership

LLC

Corporation

Sole Proprietor

Date of incorporation or Organization :

If legal entity has not yet been formed, check here

Company Name & State of Incorporation:

Principals and Management

List all Additional Investor/Associates

	Name	Address	% Ownership	% Time
1				
2				
3				

Personal Yearly Income or Attach Company Financials

Salary, Wages	\$	
Bonus, Commissions	\$	
Dividends, Interest	\$	
Other Income	\$	
Total Yearly Income	\$	

Personal Balance Sheet or Attach Company Financials

Assets		Liabilities	
Cash	\$	Secured/Unsecured Notes Payable to others	\$
Marketable Securities	\$	Accounts Payable	\$
Non-Readily Marketable Securities	\$	Margin Accounts	\$
Net Cash Surrender Value of Life Insurance	\$	Notes due: Partnership	\$
Primary Residence Real Estate	\$	Mortgage Debt	\$
Real Estate Investments	\$	Life Insurance Loans	\$
IRA, Profit Sharing, other Vested Retirement Accts	\$	Other Liabilities	\$
Deferred Income	\$		
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$

Access to Capital

Type	Name	Amount
		\$
		\$
		\$
		\$

**Mr. Smoothie Franchises Inc. reserves the right to request confirmation from parties named above to verify fund availability*

Franchisee Questionnaire

(Please answer the following questions)

1. *Will the franchise be your sole source of income?*

2. *Total unencumbered liquid capital readily available for use in the franchise business?*

3. *What is the source of this unencumbered liquid capital?*

4. *How do you anticipate financing the balance of the total initial investment?*

5. *Have you ever been or are you currently a franchisee of any other brand?*
 - a. *If so, what brand*

 - b. *How long?*

 - c. *How many units?*

6. *Do you or your partner/partners have restaurant management experience?*

7. *If you do not have any restaurant management experience or multi unit experience, what experience do you have that qualifies you to be approved as a franchisee?*

8. *What percentage of your time will be dedicated to this venture?*

9. *What geographic areas are you interested in developing a franchise opportunity?*

10. *Would you be willing to consider other areas to open your franchise? If so, what areas?*

11. *How soon would you be prepared to join a franchise system?*

I hereby certify that the information supplied in this application and other financial statements made by me are true and correct. I understand that submission of this information does not obligate either of the parties to purchase or sell a franchise.

Applicant's Signature

Date