

Date: \_\_\_\_\_

3830 Starr Centre Dr. Ste. 1  
Canfield, OH 44406



(330) 702-8270

*The following information is the basis for my franchise application. The submission of this application does not obligate the Handel's Ice Cream Company 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: \_\_\_\_\_

Business Telephone: ( ) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**PERSONAL INFORMATION:**

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

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 Ice Cream Company 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?: \_\_\_\_\_

What business do you currently have an interest in?: \_\_\_\_\_

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)

<b>ASSETS</b>	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)		
<b>TOTAL ASSETS</b>	<b>\$</b>	

<b>LIABILITIES AND NET WORTH</b>	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)		
<b>Total liabilities</b>	<b>\$</b>	
<b>Net Worth (Total Assets Minus Total Liabilities)</b>	<b>\$</b>	

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

<b>CONTINGENT LIABILITIES</b>	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
<b>Broker(s) Name(s):</b>						<b>Balance of Margin Acct.(s)</b>

*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 COMPANY FRANCHISE APPLICATION IS TRUE AND CORRECT.**

**I, ALSO, AUTHORIZE THE HANDEL'S ICE CREAM COMPANY TO MAKE ANY ADDITIONAL CREDIT/ CHARACTER CHECKS WHICH IT DEEMS NECESSARY.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

NAME: \_\_\_\_\_