

Quick Franchise Assessment

First Name: Phone: Last Name: Email: Spouse/Partner:

Address:

City, State & Zip

Desired Location: (specify zip code): Time frame to begin: Have you researched any franchise opportunities? If so, which ones?

What type of business appeals to you: (check all that apply)

|  |  |  |
| --- | --- | --- |
| Retail | Consumer Products | Owner Operator |
| Home Based | Fast Food | Semi-Passive Ownership |
| Office Based | Service Industry | Executive Model |
| Mobile |  |  |

Will you need funding?  Yes  No

Do you anticipate having partners?  Yes  No Total Liquid Cash Available to Invest:

Total Investment Range:

Estimated Net Worth:

On a scale of 1-10 (10 being the highest) please rate your interests in the following:

Mechanical/ Automotive

Landscaping

Beauty/ Fashion Remodeling/Home Improvement Working Outdoors

Real Estate Buying or Selling

Working with Children

Pets & Animals Fitness & Sports Coaching or Teaching

Having Healthy Lifestyle Computer/Technology Working with Hands/ Tools Working with Numbers

Design & Décor

Being around Cars Entertainment, Hosting Parties Travel & Leisure

Talking with just about anyone Volunteering/Community Involvement Working with Seniors

Organizing Things Organizing People Networking with people