



3131F East 29<sup>th</sup> Street  
Bryan , TX 77802



## Franchise Questionnaire

### Personal Data

Name (First, Middle, Last) \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Previous Address \_\_\_\_\_

How Long? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are you a US Citizen?  Yes  No If not, what Country? \_\_\_\_\_



**Education**

Name of High School \_\_\_\_\_

Years Completed \_\_\_\_\_

Name of College \_\_\_\_\_

Degree \_\_\_\_\_

Name of College \_\_\_\_\_

Degree \_\_\_\_\_

Describe any training in sales, management or retailing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History For Last 10 Years**

(Beginning with the Most Recent)

Company Name \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer?  Yes  No

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of

Employees Supervised \_\_\_\_\_

Describe Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Company Name \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer?  Yes  No

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees supervised \_\_\_\_\_

Describe Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

May we contact this employer?  Yes  No

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ # of Employees supervised \_\_\_\_\_

Describe Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Assets**

Cash on hand and in banks \$ \_\_\_\_\_

U.S. government securities \$ \_\_\_\_\_

Trade accounts and loans receivable \$ \_\_\_\_\_

Notes receivable – secured and unsecured \$ \_\_\_\_\_

Life insurance – cash surrender value \$ \_\_\_\_\_

Stocks and bonds – marketable and non-marketable \$ \_\_\_\_\_

Real estate \$ \_\_\_\_\_

Automobiles – market value \$ \_\_\_\_\_

Other assets, property or investments (itemize below)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

**Annual Sources of Income**

Salary \$ \_\_\_\_\_

Bonus and commissions \$ \_\_\_\_\_

Dividends and interest \$ \_\_\_\_\_

Real estate income \$ \_\_\_\_\_

Business profession income \$ \_\_\_\_\_

Other income (itemize below)

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ANNUAL INCOME \$ \_\_\_\_\_



**Liabilities**

Notes payable to banks – secured and unsecured \$ \_\_\_\_\_

Notes, loans, advances, accounts payable to others \$ \_\_\_\_\_

Credit card debt \$ \_\_\_\_\_

Loans against life insurance \$ \_\_\_\_\_

Property taxes and assessments payable \$ \_\_\_\_\_

Mortgages payable on real estate \$ \_\_\_\_\_

Liens on real estate \$ \_\_\_\_\_

Federal and state taxes on current income \$ \_\_\_\_\_

Other debts (itemize below)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

**Personal Financial Statement**

**Net Worth**

Total assets \$ \_\_\_\_\_

Less total liabilities \$ \_\_\_\_\_

Net worth \$ \_\_\_\_\_



Personal References (Provide at Least Three)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Business References (Provide at Least Three)**

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_



**Business Data**

How did you learn about the Must Be Heaven franchise program?

*Please explain on an additional information sheet.*

Do you now operate or have you had experience in operating a restaurant? . . . . .  Yes  No

*If yes, explain on an additional information sheet.*

Do you intend to devote yourself full-time to the day-to-day operation of a Must Be Heaven franchise?  Yes  No

*If not, provide explanation and details about your operating partner on an additional sheet.*

Have you (and, if applicable, any parties, officers directors or shareholders) been subject to or convicted of any administrative, criminal or civil action alleging a violation of any franchise law, fraud, embezzlement, fraudulent conversion, restraint of trade, unfair or deceptive practices, misappropriation of property or comparable allegations? . . . . .  Yes  No

*If yes, explain on an additional information sheet.*

Have you (and, if applicable, any partners, officers, directors or shareholders) ever been adjudged bankrupt or reorganized due to insolvency, or been a principal officer of any company or a partner in any partnership that was adjudged bankrupt or reorganized due to insolvency? . . . . .  Yes  No

*If yes, explain on an additional information sheet.*

**Other Relevant Information**

If yes, explain on an additional information sheet.

Will your franchise investment come from your own capital? . . . . .  Yes  No

*If yes, explain on an additional information sheet.*

Geographical Location Preference? . . . . .

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

What date do you plan to open your first Must Be Heaven? \_\_\_\_\_

## Authorization for Release of Personal Information

### Applications not signed cannot be processed

I hereby attest to the accuracy of the financial statements contained in this confidential Must Be Heaven application. I authorize Must Be Heaven or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background or character confirmations which it deems necessary or advisable. In connection with these financial and background investigations, I authorize Must Be Heaven or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide Must Be Heaven or its agents any and all information concerning me, and I hereby release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history. I authorize that a photocopy or facsimile of this document may be accepted with the same authority as the original. Must Be Heaven agrees to maintain in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a Must Be Heaven franchise. I authorize Must Be Heaven to release to prospective financing sources any information concerning me that may be requested by them.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

After completing the entire application, please mail, fax or email it to:

Must Be Heaven®

Attn: Vice President of Operations  
3131F East 29<sup>th</sup> Street, Bryan, TX 77802  
Fax: (979) 774-7328

E-mail: [franchise@mustbeheaven.com](mailto:franchise@mustbeheaven.com)

We also encourage you to visit our website at [www.mustbeheaven.com](http://www.mustbeheaven.com)

This is not a franchise offering.