

FRANCHISE QUESTIONNAIRE

3776 1/2 Central Avenue | Shadyside, Ohio 43947 | 740.676.5607

Please complete this form in its entirety, sign and return to DeFelice Bros. Pizza Corp. at the above address. The information you provide us and the information we provide you is for our mutual consideration in the DeFelice Bros. Pizza Franchisee process.

All information shall be held in confidentiality.

Date:
First Name:
Last Name:
SSN:
Date of Birth:
Driver's License Number:
Street Address:
City:
State:
Zip Code:
Business Address:
Business City:
Business State:
Business Zip Code:
Work Phone:
Mobile Phone:
E-Mail Address:
Background
Geographic area of interest in order of preference. Please enter city and state:
First Preference:
Second Preference:
Third Preference:
Timetable for establishing your business:
○ Immediately ○ Within 6-12 Months ○ After 1 Year
How many units are you interested in developing?:
Do you have restaurant management experience?:
If yes, please provide details:



(Continued)

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How do you plan to manage or operate this business? O Full Time O Hire a Manager With a Partner O Other If with a manager, please provide their background:
Do you or your spouse currently own any interest in any restaurant or food service businesses? If yes, please provide details:
Are you or any member of your immediate family affiliated with any other pizza or delivery food service business? If yes, please provide details:
Have you ever pleaded no contest or been convicted of a felony or misdemeanor other than a minor traffic violation? If yes, please provide details (Violation, date, court deposition):
Have you ever, as an individual or as a principal of a corporation, been adjudicated as bankrupt? If yes, please provide details:
How much liquid capital is available to invest in a DeFelice Bros. Pizza franchise? \$50,000-\$75,000 \$75,000-\$100,000 \$100,000-\$200,000 \$200,000+
How did you learn about us?
Signature: Print Name: