



FRANCHISE APPLICATION FORM

Thank you for considering SCOOPS Ice Cream Company.

This form will help you prepare and present your personal and business information which is essential for our consideration in granting franchise licenses. This information will be kept confidential. Please complete it thoroughly and note that the completion of this application form places no containing obligation on either you and/or SCOOPS Ice Cream. If you are planning to have a business partner or investor, he/she should complete a separate application and submit it along with yours.

Please fill out this form and send it to Paul Marmol:

Paul@ScoopsIceCream.com

(404) 569-3999



PART 1: FRANCHISE INTEREST & LOCATION

Are you an existing SCOOPS Ice Cream franchisee? ☐ Yes ☐ No Specify location: _____

Are you interested in: ☐ Building a new store ☐ Purchasing an existing store

How many SCOOPS stores do you plan to develop? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other list: _____

In which geographical area(s) would you like to operate a SCOOPS franchise?

First choice: _____ Second choice: _____

Do you have a property in mind for your SCOOPS franchise? ☐ Yes ☐ No

If Yes, do you own or will you lease the property? ☐ Own ☐ Lease

PART 2: GENERAL PERSONAL INFORMATION

Name: _____ Email: _____
First Last

Address _____
Street City State Zip

Phone: (Work) _____ (Home) _____ (Cell) _____

Date of Birth: _____ Citizenship: ☐ US ☐ Permanent Resident ☐ Other _____
Month Day Year List Visa Status or Citizenship

Marital Status: ☐ Married ☐ Single If married, what is your spouse's occupation? _____

Will your spouse (or any other family member) be active in the business? ☐ Yes ☐ No

Do you have any relevant business experience?

☐ Ice Cream shop ☐ Restaurant ☐ Fast Food ☐ Retail ☐ Managerial
☐ Other _____ ☐ None

Have you ever owned your own business before? Yes ☐ No ☐

If Yes, please provide the name of the business and a brief description: _____



PART 3: CAREER & BUSINESS HISTORY

(Start with most recent employment and work backwards)

Dates (Month/Year) / (from/to)	Employer's or Business Name & Address	Type of Business	Position(s) Held	Duties & Responsibilities (including number of employees supervised)	Reason for Leaving

May we contact your current or previous employers? ☐ Yes ☐ No



PART 4: EDUCATION

Higher Education and Qualifications: *(education since leaving school including any professional qualifications)*.

Course Description	Qualifications	Year	Name & Address of Institution

Secondary Education: *(education to normal leaving age)*.

Course Description	Qualifications	Year	Name & Address of Institution

PART 5: APPLICANT PROFILE

(Please attach additional pages if necessary for any question in this section).

How did you become interested in a SCOOPS franchise - and why?



Franchise Application

Have you been to a SCOOPS store? ☐ Yes ☐ No If Yes, which location(s)? _____

Describe why you believe that you can be a successful Scoops franchisee:

What annual income after expenses do you hope to generate from your franchise? _____

How many hours do you typically work per week? Under 35 ☐ 35 ☐ 40 ☐ 50 ☐ 60+ ☐

How much time do you plan to spend at your SCOOPS franchise? ☐ Full time ☐ Part time: No of Hrs. _____
(per week)

Who would be responsible for the franchise's day-to-day operation? _____

In your opinion, what are the characteristics of a successful business?

Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business in addition to any programs required by SCOOPS?

Please provide an example where you have trained and/or motivated staff:

What is your customer service philosophy?



Describe your interests, community and/or public service involvement:

Have you ever been involved in a business failure and/or declared bankruptcy? ☐ Yes* ☐ No

Have you ever been convicted of a criminal offence? ☐ Yes* ☐ No

** (Please attach dates and details if you answered Yes to question 11 and/or 12)*

PART 6: REFERENCES

Please provide details of two business references. *(No contact will be made until we have mutual agreement to your entering our fronting program).*

Reference 1:

Name: _____ Address: _____

Email: _____ Contact Number: _____

Occupation: _____ Relationship: _____

No. of years acquaintance: _____

Reference 2:

Name: _____ Address: _____

Email: _____ Contact Number: _____

Occupation: _____ Relationship: _____

No. of years acquaintance: _____

**PART 7: BUSINESS & FINANCIAL INFORMATION**

What percentage of the SCOOPS business will you own? _____%

Will you have business partners with this application? ☐ Yes ☐ No

(if Yes, an application form must be submitted for each partner)

If Yes, your business partner(s):

Name: _____ Full-time ☐ Part-time ☐ Investment only ☐

Name: _____ Full-time ☐ Part-time ☐ Investment only ☐

Name: _____ Full-time ☐ Part-time ☐ Investment only ☐

What other business(es) do you currently have an interest in? _____

How do you plan to finance this business venture? ☐ Cash ☐ Loan

If Loan, what collateral will you make available? _____

How much capital do you have available to invest in this business? _____

If your franchise application is accepted, when would you be ready to invest in your franchise? _____

Will you require assistance in obtaining finance? ☐ Yes ☐ No

Personal Annual Income Statement *(for the last full financial year)*

Salary / Draw		Bonus / Commission	
Dividends / Interest		Income from Property	
Profit from Owned Business(es)		Other Income	
Spouse Income		Total Annual Income	

**Personal Financial Statement** *(for the last full financial year)***Assets:****Liabilities:**

Cash on Hand		Notes Payable	
Securities (stocks, bonds, IRA's)		Loans	
Accounts & Loans (receivables)		Mortgages	
Home (market value)		Credit Cards	
Other Real Estate		Other Liabilities	
Other Assets (inventory, etc)			
Net Business Value			
Total Assets		Total Liabilities	

Net Worth (Total Assets - Total Liabilities) = _____

PART 8: CONFIDENTIALITY & NON-DISCLOSURE

The individual who has signed this application below ("Applicant") has applied to be considered becoming a franchisee of SCOOPS Ice Cream and, in connection with the application process, may become privy to certain information regarding the business of SCOOPS Ice Cream Company and its franchisees which SCOOPS Ice Cream Company classifies and protects as confidential and proprietary (the "Information"). SCOOPS Ice Cream Company is willing to divulge such information (as and to the extent it deems appropriate in connection with the Applicant's application only if the Applicant agrees to protect the confidentiality of such Information. In consideration of this disclosure of Information, Applicant agrees to the following terms and conditions over page:



1. Confidentiality

Applicant on behalf of itself and its affiliates, employees, officers and directors, agrees to maintain as confidential all Information disclosed to it. Applicant shall not, directly or indirectly, disclose any such SCOOPS Ice Cream Personal Profile - Request for Consideration information to any third party without SCOOPS Ice Cream Company's prior written consent, nor shall Applicant use any information for its own benefit (except for the purpose of the discussions contemplated by this Agreement) or for the benefit of any third party. The dissemination of Information by Applicant within its own organization shall be limited to those employees and consultants whose duties justify the need to know such Information.

2. Return of Information

Applicant shall return to SCOOPS Ice Cream Company within ten (10) days of written request therefore, all information, together with any and all copies thereof.

3. No Rights of Information

Neither this Agreement nor the disclosure of Information shall be deemed, by implication or otherwise, to vest in Applicant any rights in the Information or any other trade secrets or property of SCOOPS Ice Cream Company.

4. Breach

Any breach of any provision hereof will be theft of SCOOPS Ice Cream Company trade secrets, and will cause irreparable harm and damage to SCOOPS Ice Cream Company. SCOOPS Ice Cream Company shall be entitled to enjoin any actual or threatened violation of any of the provisions on this Agreement.

5. Severability

Any provision hereof which may prove unenforceable under any law or by any court shall not affect the validity of any other provision hereof.

SCOOPS appreciates the time and effort you have taken to complete this application form. Please read the following statement carefully and sign below.

I hereby certify that all information provided in this application is true and correct as of the date below. I understand that the information I am providing is confidential and will not be shared with anyone without my permission and will be held in strict confidence. I authorize the SCOOPS franchise team to verify any and all data submitted and conduct any necessary credit and background checks. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between SCOOPS and myself. The submission of this application does not obligate SCOOPS or myself in any way or manner.

Signature: _____ Date: _____

Print Name: _____

Many thanks,
The SCOOPS Franchise Team