



## Area Developer Evaluation Form

Attn: David Rutkauskas, Fax: (918) 497-1916

<b>DEVELOPER</b>				
<b>Applicant's Name</b>		Last	First	Middle
<b>Address</b>		Street	City	State      Zip
<b>Home Phone</b>		<b>Business Phone</b>		
<b>Mobile Phone</b>		<b>Email Address</b>		
<b>Current Employer</b>		Name	City	State
<b>Position</b>		<b>Date of Employment</b>		From      To
<b>Date of Birth</b>	<b>Marital Status</b>		<b>No of Dependents</b>	
<b>Spouses Name</b>		<b>Are you a U.S. Citizen</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Form of Organization</b>
(Check one) Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>
<b>Date of incorporation or Organization</b> <i>If legal entity has not yet been formed, check here</i> <input type="checkbox"/>
<b>Company Name</b>

<b>Principals and Management</b>				
Investor/Associates who will join you in this venture. Please have each fill out separate form.				
	Name	Address	% Ownership	% Time
1				
2				
3				



Yearly Income	
<b>Salary, Wages</b>	\$
<b>Bonus, Commissions</b>	\$
<b>Dividends, Interest</b>	\$
<b>Other Income</b>	\$
<b>Total Yearly Income</b>	\$

Personal Balance Sheet			
Assets		Liabilities	
Cash	\$	Secured/Unsecured Notes Payable to others	\$
Marketable Securities	\$	Accounts Payable	\$
Non-Readily Marketable Securities	\$	Margin Accounts	\$
Net Cash Surrender Value of Life Insurance	\$	Notes due: Partnership	\$
Primary Residence Real Estate	\$	Mortgage Debt	\$
Real Estate Investments	\$	Life Insurance Loans	\$
IRA, Profit Sharing, other Vested Retirement Accts	\$	Other Liabilities	\$
Deferred Income	\$		
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
		<b>Total Net Worth</b>	<b>\$</b>

Access to Capital		
Type	Name	Amount
Letter of Credit		\$
Bank		\$
Family		\$
Other		\$

\*Dixie Cream reserves the right to request confirmation from parties named above to verify fund availability.



## Developer Questionnaire

*(Please answer the following questions)*

1. Will the franchise be your sole source of income?
2. Total unencumbered liquid capital readily available for use in the franchise business?
3. What is the source of this unencumbered liquid capital?
4. How do you anticipate financing the balance of the total initial investment?
5. Have you ever been or are you currently a franchisee of any other brand?
  - a. If so, what brand and for how long?
  - b. How many units?
6. Do you or your partner/partners have restaurant management experience?
7. If you do not have any restaurant management experience or multi unit experience, what experience do you have that qualifies you to be approved as a franchisee?
8. What percentage of your time will be dedicated to this venture?
9. What geographic areas are you interested in developing a franchise opportunity?
10. Would you be willing to consider other areas to open your franchise? If so, what areas?
11. How soon would you be prepared to join a franchise system?

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I hereby certify that the information supplied in this Area Developer Evaluation Form and other financial statements made by me are true and correct. I agree to have all information confirmed by one of your representatives and I authorize you to check references and conduct such additional credit checks as deemed necessary. I further understand that submission of this information does not obligate either of the parties to purchase or sell a franchise.

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Applicant's Signature

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Date