



Abbott's Frozen Custard, Inc.  
4791 Lake Avenue  
Rochester, New York 14612

## Personal Profile

The information provided below in this form is in no way binding and does not obligate Abbott's to sell you a franchise. The purpose of this form is to provide Abbott's with the information to evaluate you as an applicant. The answers contained below will not be shared with any third party without your written or oral consent.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

First

Middle

Last

Spouse/Significant Other/Partner: \_\_\_\_\_

First

Middle

Last

ADDRESS: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State/Country

Zip/Postal Code

E-Mail ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ALT Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse/Significant Other/Partner: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Spouse/Significant Other/Partner: \_\_\_\_\_

List dependants and ages: \_\_\_\_\_

**2. BUSINESS BACKGROUND**

**Self**

**Spouse/Partner**

Present employer: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Employment: \_\_\_\_\_

\_\_\_\_\_

Annual Salary: \_\_\_\_\_

\_\_\_\_\_

Other/Previous Positions of Significance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other sources of Income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If you have a current resume please attach.

**3. ABOUT YOU**

How did you become interested in Abbott's? \_\_\_\_\_

\_\_\_\_\_

What are your primary reasons for wanting to own your own business?

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**What are your primary concerns with owning and operating your own business?**

**Please tell us why you believe you will be a successful Abbott's owner. Make specific reference to desirable character traits, your transferable skills, your work experience, and your professional goals.**

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**Do you plan on having a partner? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Partner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Is your partner planning on being active in the business, and in what capacity?**

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**Are you planning to have your spouse active in the business, and in what capacity?**

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**Will any other family members be involved in the business? \_\_\_\_\_**

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**What is the extent of your research into franchising, the ice cream industry, and Abbott's?**

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**What are the main benefits you hope to gain from the Abbott's franchise system?**

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**Have you ever owned a franchise before? If so, please describe.**

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**Have you ever run your own business? If so, please describe.**

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Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Planned grand opening date of your Abbott's franchise: \_\_\_\_\_

In what geographical area(s) (County) would you like to open your franchise(s)?

First Choice: \_\_\_\_\_  
City/County Estimated Population

Second Choice: \_\_\_\_\_  
City/County Estimated Population

Third Choice: \_\_\_\_\_  
City/County Estimated Population

Are you interested in multiple units? YES \_\_\_\_\_ NO \_\_\_\_\_

#### **4. FINANCIAL INFORMATION**

##### **ASSETS**

##### **LIABILITIES**

Cash on hand & In Banks \_\_\_\_\_ Notes Payable to Banks \_\_\_\_\_

Stocks, Bonds, Securities \_\_\_\_\_ Notes Payable to Individuals \_\_\_\_\_

Retirement Funds \_\_\_\_\_ Total Credit Card Debt \_\_\_\_\_

Loans Owed to You \_\_\_\_\_ Vehicle Loans \_\_\_\_\_

Primary Residence \_\_\_\_\_ Home Mortgage \_\_\_\_\_

Other Real Estate \_\_\_\_\_ Other Mortgage \_\_\_\_\_

Businesses Owned \_\_\_\_\_ Student Loans \_\_\_\_\_

Any other assets \_\_\_\_\_ Any other debts \_\_\_\_\_

Total Assets \_\_\_\_\_ Total Liabilities \_\_\_\_\_

Amount of capital to invest \_\_\_\_\_ Source of Capital \_\_\_\_\_

Estimated credit rating: Excellent Fair Poor Score if known: \_\_\_\_\_

This is not a contractual agreement. The signing of this agreement does not bind or obligate you in the purchase of an Abbott's Frozen Custard franchise.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fax this completed document to

585-865-6034