

# APPLICATION



## FRANCHISE APPLICATION

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The information on this application will be held in the strictest of confidence. The submission of this form does not obligate either the applicant or franchisor. If necessary, please attach additional sheets. This applicaion needs to be filled out completely.

**PERSONAL INFORMATION**

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Please have each principal fill out a copy of this form.

Name \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Best Time to Reach by Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse's Name and Occupation \_\_\_\_\_

Education (highest level attained) \_\_\_\_\_

**EMPLOYMENT DATA**

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Employment Records (resume(s) may also be attached):

|                            |                            |
|----------------------------|----------------------------|
| <b>Self:</b>               | <b>Spouse:</b>             |
| _____                      | _____                      |
| Firm: _____                | Firm: _____                |
| ADDRESS: _____             | ADDRESS: _____             |
| CITY/STATE/ZIP: _____      | CITY/STATE/ZIP: _____      |
| POSITION/TITLE: _____      | POSITION/TITLE: _____      |
| PRESENT SALARY: _____      | PRESENT SALARY: _____      |
| STARTED: _____             | STARTED: _____             |
| DESCRIPTION OF WORK: _____ | DESCRIPTION OF WORK: _____ |

Your Related Business Ownership or Experience

| Firm | Address | From / To | Position | Income |
|------|---------|-----------|----------|--------|
|      |         |           |          |        |
|      |         |           |          |        |
|      |         |           |          |        |

How long have you been looking for a business? \_\_\_\_\_

What other businesses have you investigated? \_\_\_\_\_

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# FINANCIAL INFORMATION

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Name \_\_\_\_\_ Date \_\_\_\_\_

I make the following statement of all my assets and liabilities as of \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**PLEASE FILL IN ALL LINES: IF ANSWER IS ZERO PLEASE WRITE -0-**

## CURRENT ASSETS

Cash on hand \_\_\_\_\_  
Savings, funds and certificates \_\_\_\_\_  
Accounts and loans receivable \_\_\_\_\_  
Home—Fair market value \_\_\_\_\_  
Other real estate \_\_\_\_\_  
Life insurance—Cash value \_\_\_\_\_  
Other stocks and bonds \_\_\_\_\_  
Other assets (list)  
(No automobiles or furniture)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CURRENT LIABILITIES

Notes payable to banks \_\_\_\_\_  
Notes payable to others \_\_\_\_\_  
Loans against life insurance \_\_\_\_\_  
Accounts payable \_\_\_\_\_  
Interest payable \_\_\_\_\_  
Mortgages payable on real estate \_\_\_\_\_  
Automotiles \_\_\_\_\_  
Credit Card \_\_\_\_\_  
Other liabilities (list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**NET WORTH** (Assets minus liabilities) \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Cash available for investment in this business: \$ \_\_\_\_\_

If additional funds are required for this business, are they available to you? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you plan to have a partner? \_\_\_\_\_ If so, will your partner be active and in what capacity? \_\_\_\_\_  
\_\_\_\_\_

Do you plan to have investors? \_\_\_\_\_ If so, to what extent? \_\_\_\_\_

Who will be the primary operator & contact? \_\_\_\_\_

Have you ever been involved in a personal or business bankruptcy? \_\_\_\_\_

Are you or your spouse part of any criminal investigation at this time? \_\_\_\_\_

Have you or your spouse ever been convicted of any crime? \_\_\_\_\_

Are there currently any civil judgements pending against you or your spouse? \_\_\_\_\_

Are there currently any civil suits pending against you or your spouse? \_\_\_\_\_

Do you have sources of income other than salary? If so, source and amount: \_\_\_\_\_

Your monthly expenses: Home: ? Auto: ? Living: ?

Other: ? Total Monthly Expenses: ?

## GENERAL INFORMATION

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How did you become interested in our franchise? (Choose one.)

- Advertisement (Which publication?) \_\_\_\_\_
- An existing store (Which location?) \_\_\_\_\_
- Other (Please identify in detail) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What is the preferred location for your franchise?

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

What are your reasons for going into your own business?

1. \_\_\_\_\_
2. \_\_\_\_\_

Who will perform the accounting duties for the company?

\_\_\_\_\_

What are some of the major questions you have concerning owning your own business?

1. \_\_\_\_\_
2. \_\_\_\_\_

What skills and experience do you have that would give you the ability to be a success in this business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that, that to the best of my knowledge, the information contained herein is accurate and complete. BAB Systems, Inc. is hereby authorized to investigate my background as it pertains to qualification and status. This may include investigations of past employment, references, education and information contained in public records including credit, criminal and motor vehicle data. I release all such persons and sources from liability or damages from having furnished such information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

