



## FRANCHISE OPPORTUNITIES QUESTIONNAIRE

Cecil's Texas Style Bar-B-Q  
P.O Box 56-0648  
Orlando, Florida, 32856  
Phone: 321-287-3166  
Fax: 407-423-9903  
[franchisedept@cecilsbbq.com](mailto:franchisedept@cecilsbbq.com)

YOUR RESPONSES TO THIS QUESTIONNAIRE ARE CONFIDENTIAL.  
YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR APPROVAL.  
SUBMITTING THIS QUESTIONNAIRE DOES NOT OBLIGATE YOU IN ANY WAY.

**CHECK DESIRED OPENING TIME FRAME:**  NOW-60 DAYS  61-90 DAYS  3-6 MOS  6-12 MOS

### PERSONAL DATA

Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Dependants \_\_\_\_\_  
Address (Home) \_\_\_\_\_ Years There \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address (Business) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (Home) (\_\_\_\_\_) \_\_\_\_\_ (Business) (\_\_\_\_\_) \_\_\_\_\_

### BUSINESS REFERENCES (Other Than Current Employer)

Bank \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Business \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### PERSONAL REFERENCES (Please List Persons That Have Known You for Two or More Years)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Years Known \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Years Known \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**FINANCIAL DATA** (Your Personal Financial Statement May Be Requested at the First Meeting)

What is your approximate net worth? \_\_\_\_\_

How will you obtain cash and/or credit to manage the \$219,000 to \$293,500 investment required? Be specific.

(If applying for an SBA loan, you must have at least \$75,000 cash to qualify.)

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**BUSINESS HISTORY** (Please Have a Resume Available at the First Meeting) Have you ever or do you currently own a Franchise business?

YES

NO

Name of franchise

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Have you ever failed in business?

YES

NO Compromised with creditors or filed bankruptcy?

YES

NO

Please explain if YES

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Have you ever been involved in litigation regarding your business interests?

YES

NO

Please explain if YES

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**FIRST CHOICE FOR YOUR LOCATION:**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SECOND CHOICE:**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

THANKS FOR YOUR INTEREST. PLEASE PRINT THIS PDF, FILL OUT & FAX TO: (407-423-9903)