

Franchise Application Question Preview

The following is a list of the questions on the Franchise Application. The online form cannot be saved and must be completed all at once. Use this form to gather your thoughts, capture your responses and then copy and paste into the online form when you are ready.

*Please do not submit this form to us. It is for your information only.*

**Help Us Get to Know You Better (All required)**

* How did you hear about Dream Dinners?
* Have you experienced Dream Dinners?
  + If yes, tell us about your experience. (optional)
* What topics are you passionate about?
* If you could change 3 things about yourself, what would they be?
* What would you say your top 3 strengths are in a professional setting?
* List your top 3 weaknesses related to your professional career:
* What aspects of owning a Dream Dinners store appeal to you the most
* What can you tell us about yourself that would help us get to know you better?

**Your Approach to The Business**

* How many hours per week are you, your spouse and business partners willing to commit to working on your Dream Dinners business? (required)
  + You
  + Significant Other (optional)
  + Partners (optional)
* Will you be responsible for the day-to-day operation of the business? (required)
  + If not, who will? (optional)
    - Relationship to you? (optional)
* Have you owned a business before? (required)
  + If yes, please describe: (optional)

**Past Business Experience and Community Connections**

Tell us about your current and past employment history.

* Name of Company (required)
  + Position (required)
  + Start and End Dates of Employment (required)
* Employment 2- Name of Company (optional)
  + Position
  + Start and End Dates of Employment
* Employment 3 - Name of Company (optional)
  + Position
  + Start and End Dates of Employment
* What community activities do you participate in? Any leadership roles? (required)
* How can the connections you have made in your community help you grow your business? (required)
* If you are selected to join the Dream Dinners team, what will you do to build and develop the business in your community? (required)

**Tell us about where you would like to open a Dream Dinners location**

Please describe the areas where you are interested in locating your Dream Dinners store and provide us with demographic information about the area. You can enter up to 3 locations.

* Preferred Location #1 (required)
  + Community name or complete names of main cross streets if known (i.e. S. Alder St. and Lincoln Ave. S.W.)
    - City, State, and Zip
    - Population
    - Average household income
    - Households
    - Households projected
    - Median price of single-family home
    - Median age
* Preferred Location #2 (optional)
  + Community name or complete names of main cross streets if known (i.e. S. Alder St. and Lincoln Ave. S.W.)
    - City, State, and Zip
    - Population
    - Average household income
    - Households
    - Households projected
    - Median price of single-family home
    - Median age
* Preferred Location #3 (optional)
  + Community name or complete names of main cross streets if known (i.e. S. Alder St. and Lincoln Ave. S.W.)
    - City, State, and Zip
    - Population
    - Average household income
    - Households
    - Households projected
    - Median price of single-family home
    - Median age
* Do you live in the same community you hope to open your store in? (required)
  + If not, what is your connection? (optional)

**Financial Info (All required)**

* Net Worth (total assets – total liabilities)
* How much liquid capitol on hand?
* How much capital can you allocate from your net worth to purchase the franchise?
* How will you obtain the funds necessary?