

Date: \_\_\_\_\_

H·A·N·S·O·N

# CONFIDENTIAL QUESTIONNAIRE

This form can be completed on a computer, and emailed to the address below.

Thank you!

Name

Phone

Email

Website

### Personal Data

First Name:	Last Name:	Age:
Spouse First Name:	Last Name:	Age:
Home address:		How long?
City:	State:	Zip:
Do you own your home?      Yes      No	Are you a veteran?      Yes      No	
Home Phone:	Cell Phone:	
Work Phone:	Best time to call:	
Your email:	Spouse's email:	
Names and ages of children/dependents:		
Education (high school, college, graduate degree)	You:	Spouse:
Please list your hobbies and special interests:		

### Employment Data

Current position:	Spouse's current position:
Employer:	Spouse's employer:
Duties:	Duties:
Annual income:	Annual income:
Why are you considering a change from your employment at this time?	
What have you liked <b>most</b> about your past employment?	
What you have liked <b>least</b> about your past employment?	

### Business Ownership Data

Have you or your family ever owned a business?      Yes      No
If yes, please describe the business and details:
How long have you been looking for a business?
What attracts you to owning your own business?
Are you seeking an individual franchise or multiple units?
What other businesses have you investigated?
What are your <b>strengths</b> related to managing a business?

What are your **weaknesses** related to managing a business?

What are your major concerns about business ownership?

Which types of businesses have initial appeal to you? (Check all that apply)

Retail  Home based  Personal services  Mobile   
Fast food  Other food  Consumer products  Business to business

Using a scale of 1 to 10 (with 10 being the highest level of interest, and 1 being the lowest), please rate your personal interest in the following areas:

Mechanical/Automotive		Pets & Animals		Design & Decor	
Landscaping		Fitness & Sports		Being around Cars/Motorcycles	
Beauty/Fashion		Coaching or Teaching		Entertainment or Dining or Hosting Parties	
Remodeling/Home Improvement		Having a Healthy Lifestyle		Travel & Leisure	
Working Outdoors		Computer/High Tech		Talking with Just About Anyone	
Real Estate Buying or Selling		Working with Hands and Tools		Volunteering/Getting involved in Community	
Working with Children		Working with Numbers		Working with Seniors	
Organizing Things		Organizing People		Networking with People	

Describe how much you would enjoy the following roles

Prospecting for new customers	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Consultative selling	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Providing service quotes or estimates	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Marketing and advertising your business	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Networking with local business groups	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Being the administrator in the back office	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Hiring and firing employees	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Managing and training employees	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Accounting and bookkeeping	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

What type of employee do you prefer to have in your business? (Check **top** choice)

White Collar  Blue Collar  Skilled  Unskilled  Don't Care

How many employees would you prefer to have in your business? (Check **top** choice)

None  Less than 5  5-10  10 or more  Don't care

What skills and area of business management interests you the **most**? (Check **all** that apply)

Daily Operations  Selling  Managing Employees  General Management

Consulting  Marketing  Advertising  Finance/Bookkeeping

Working with Customers  Calling on Other Businesses  Manufacturing Products

Other (please describe)

### Lifestyle Data

In what areas would you prefer to own and operate your business? (Please list city/state)

1. | 2. | 3.

When would you like to start your new business?

Would you be involved on a full-time or part-time basis?

What hours of the day or week do you prefer to work?

What do you want your role in the business to be? (Please check top choice)

Early years:                      Very Active                       Full-time                       Part-time                       Passive

3-5 years later:                      Very Active                       Full-time                       Part-time                       Passive

How would you rate the following?

What other people think about your choice of business:     High     Medium     Low

Being able to grow additional units/larger territory:         High     Medium     Low

Making a meaningful contribution with your business:        High     Medium     Low

How supportive is your family about starting a new business?     Excellent     Average     Poor

Explain:

### Financial Data (Please use rough estimates. Do not include account numbers, etc.)

Cash available for investment in a business:

If additional funds are needed to start a business, are they available to you?                      Yes                      No

Explain:

Do you have a source of income other than salary?                      Yes                      No

Explain:

What is your monthly household overhead?

How will you cover your living expenses as you build the business?

<u>Assets</u>		<u>Liabilities</u>	
Cash (checking account)		Total balance of credit card debt	
Savings		Total balance of auto loans	
Stocks, bonds, securities		Student loans	
IRA's		Primary home mortgage balance	
401(k)'s		Second mortgage balance	
Primary home (market value)		Other real estate debt	
Other real estate (market value)		Home equity line of credit	
Autos (market value)		Other debts (describe below)	
Money due you			
Other assets (describe below)			
Total assets	\$	Total liabilities	\$
<b>Net Worth</b> (total assets minus total liabilities:		\$	
Do you plan to have a partner?	Yes No	Do you plan to have investors?	Yes No
Will either your partner or investor be active in the business?		Yes No	
Explain:			

*The following information is requested because any affirmative answers may have a direct bearing on your ability to obtain financing for starting a business. This is a critical factor in determining which companies may match with your criteria.*

Have you or your spouse ever been involved in a personal or business bankruptcy?	Yes	No
Have you or your spouse ever been convicted of a crime?	Yes	No
Are you or your spouse currently under any type of criminal investigation?	Yes	No
Are you or your spouse currently involved in any pending lawsuits?	Yes	No
Are you or your spouse subject to any civil judgments?	Yes	No
Please explain any affirmative answers to the previous five questions.		
What else should we know to help you find the perfect business?		

*All of the information stated herein is a true and correct representation of my personal and financial condition. It is understood that the purpose of this questionnaire is to compile general information and that it is in no way binding upon either party. **This is not a contract.***