



HOTTEST NEW FRANCHISES PARTICIPATION FORM

The *Hottest New Franchises* program offers unbeatable value and scope for your advertising dollar. Small and emerging franchisors gain exceptional exposure and positive publicity through online and print listings. Annual cost is \$400.

Franchisors must have less than 50 operating units. Benefits include:

- An immediate 12-month listing of company profile on HottestNewFranchises.com, including 4-color logo
- Website profile updates throughout the year at no charge
- Detailed company profile and write-up in *Bond's Hottest New Franchises*, including black-and-white logo
- Complimentary copy of *Bond's Hottest New Franchises* upon publication (retail \$19.95)

Yes, we wish to participate in the *Hottest New Franchises* program. We understand that we will be charged \$400 and that the benefits include those enumerated above. We understand that this contract will automatically renew each year unless we submit a termination notice at least 30 days prior to the renewal period. Our contract will renew every year at the price stated above and we will not be subject to yearly price increases as long as the contract is in effect. Once cancelled, renewals will be at the rates then in effect.

SUBMIT MATERIALS – PLEASE EMAIL TO INFO@WORLDFRANCHISING.COM OR FAX TO (510) 839-2104

- Page 1 – Response & Payment Form
- Page 2-6 – Franchisor Questionnaire
- Write-Up Materials – UFOC/FDD, Franchise Agreement, Marketing/Promotional Package, Coupons (optional)
- 4-Color Logo – Art Requirement: High-resolution (at least 300 DPI) EPS or TIFF file in CMYK color format

ENCLOSE PAYMENT

Check Enclosed

Charge My:	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number:			Expiration Date:	
Name on Card:				

Invoice Us

Approved By:		Phone Number:	
Company Name:			
Date:			



1814 Franklin Street, Suite 603, Oakland, CA 94612

(800) 841-0873 ❖ (510) 839-5471 ❖ Fax: (510) 839-2104 ❖ E-Mail: info@WorldFranchising.com

WorldFranchising.com ❖ PickThePerfectFranchise.com ❖ HottestNewFranchises.com ❖ MinorityFranchising.com

FRANCHISOR QUESTIONNAIRE

FRANCHISOR INFORMATION					
1. Franchise Trade Name (DBA):					
2. Incorporation Name:				Stock Symbol:	
3. Address:					
City:		State/Province:		Zip/Postal Code:	
Country (if other than U.S.):					
4. Toll-Free Number:		Local Number:		Fax Number:	
5. Website: <u>www._____</u>					
6. General Email:					
7. Expediter Email (the email we should use to notify you of franchisee leads):					A.
Additional Expediter Emails:		B.		C.	
8. Contact Person:			Contact Position:		
Contact Email*:					
9. President/CEO*:			President Title*:		
President Email*:					
* This information will not be published.					

INDUSTRY CATEGORIES		
<p>10. Your website listing(s) will be searchable under two industry categories. Please select two industry subsector categories that best fit your company from the list at http://www.WorldFranchising.com/download/IndustryGroupings.xls and fill in below, making sure to reference the Code #. (i.e., "2.01 Baking – General") An additional category may be added for \$50.</p>		
10A. _____	10B. _____	10C. (optional) _____

BUSINESS DESCRIPTION – FOR <i>BOND'S HOTTEST NEW FRANCHISES</i>
<p>11. Please describe your business. Use the full space available to set your franchise apart from other franchising opportunities, i.e. sell your system to the potential franchisee. (Limit 512 characters, including spaces. Please no paragraph returns.)</p>

EXPANDED BUSINESS DESCRIPTION – FOR HOTTESTNEWFRANCHISES.COM

12. Your listing on the HNF site will contain an expanded business description of up to 1,500 characters (including spaces). Please use this opportunity to describe your program and why it offers great growth potential to entrepreneurial franchisees.

FRANCHISOR BACKGROUND

13. Year company was founded:

14. First year as franchisor:

15. Operating Units:

15A. Number of franchised units:	<input style="width: 90%;" type="text"/>	
15B. Number of company-owned units:	<input style="width: 90%;" type="text"/>	
15C. Total operating units (15A + 15B):	<input style="width: 90%;" type="text"/>	

16. Geographic Distribution:

Of the total operating units (15C) listed above,

How many are in the U.S.?	<input style="width: 90%;" type="text"/>	In how many U.S. states?	<input style="width: 90%;" type="text"/>
How many are in Canada?	<input style="width: 90%;" type="text"/>	In how many Canadian provinces?	<input style="width: 90%;" type="text"/>
How many are Overseas?	<input style="width: 90%;" type="text"/>	In how many foreign countries?	<input style="width: 90%;" type="text"/>

17. North America:

Which three States or Provinces have the largest number of operating units? How many operating units are located in these areas?

States/Provinces	# of Units	
1.	<input style="width: 90%;" type="text"/>	
2.	<input style="width: 90%;" type="text"/>	
3.	<input style="width: 90%;" type="text"/>	

18. The following States/Province require a separate registration (or disclosure, indicated by an *) document. In which are you currently registered to franchise?

<input type="checkbox"/> All Below	<input type="checkbox"/> IN	<input type="checkbox"/> ND	<input type="checkbox"/> WA
<input type="checkbox"/> CA	<input type="checkbox"/> MD	<input type="checkbox"/> OR*	<input type="checkbox"/> WI
<input type="checkbox"/> FL*	<input type="checkbox"/> MI*	<input type="checkbox"/> RI	<input type="checkbox"/> DC
<input type="checkbox"/> HI	<input type="checkbox"/> MN	<input type="checkbox"/> SD	Canada:
<input type="checkbox"/> IL	<input type="checkbox"/> NY	<input type="checkbox"/> VA	<input type="checkbox"/> Alberta

FINANCIAL REQUIREMENTS

For Questions 19-20 (except those denoted with an asterisk [*]), please provide ranges if financial requirements vary substantially among individual operating units.

19. Investment:

19A. What is the minimum net worth required?	\$ _____	*For Question 19D, please provide a single <u>dollar</u> value (i.e. 75,000) only. Do not provide percentages, ranges, symbols or text.
19B. What is the range of equity capital (up-front cash) required?	\$ _____	
19C. What is the range of total investment required?	\$ _____	
*19D. What is the <u>average</u> total investment required?	\$ _____	

20. Fees:

20A. What is the initial franchise fee for a single unit?	\$ _____	*For Question 20B please provide a single <u>dollar</u> value (i.e. 10,500) only. Do not provide percentages, ranges, symbols or text.
*20B. What is the <u>average</u> initial franchise fee?	\$ _____	
20C. What is the on-going royalty fee?	_____ %	*For Question 20D please provide a single <u>percentage</u> value (i.e. 5.5 or 7) only. Do not provide dollar values, ranges, symbols or text.
*20D. What is the <u>average</u> on-going royalty fee?	_____ %	
20E. What is the on-going advertising fee?	_____ %	or \$ _____

21. Including the owner/operator, how many employees are recommended to staff an average operating unit?

Full Time:	_____	Part-Time:	_____
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22. What square footage do most of your franchise units require?

_____ square feet	<input type="checkbox"/> Not Applicable
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23. What types of sites do most of your franchise units require?

<input type="checkbox"/> Free-Standing Building	<input type="checkbox"/> Storefront	<input type="checkbox"/> Strip Center	<input type="checkbox"/> Regional Mall
<input type="checkbox"/> Home-Based	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Not Applicable	

24. Do you encourage conversions?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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25. Does your UFOC contain an Earnings Claims Statement (Item 19)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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FRANCHISEE QUALIFICATIONS

26. In qualifying a potential franchisee, please rank the following criteria from Unimportant to Very Important.

	Unimportant				Very Important
	1	2	3	4	5
A. Financial Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. General Business Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Specific Industry Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Formal Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Psychological Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Personal Interview(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TERMS OF CONTRACT

27. What is the term of the original franchise agreement?

_____ Years

28. What is the term of the renewal period?

_____ Years

29. Passive ownership of the initial unit is

<input type="checkbox"/> Allowed	<input type="checkbox"/> Allowed, But Discouraged	<input type="checkbox"/> Not Allowed
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30. Do you have Area Development Agreements?

<input type="checkbox"/> Yes, for _____ Years	<input type="checkbox"/> No
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31. Do you have Sub-Franchisor Contracts covering specified territories?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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32. Can the franchisee establish additional outlets within his/her area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SUPPORT AND TRAINING

33. Are you an International Franchise Association member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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34. Are you a Canadian Franchise Association member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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35. Does your system have a franchisee association?	<input type="checkbox"/> Yes; If Yes, <input type="checkbox"/> Member or <input type="checkbox"/> Not A Member	<input type="checkbox"/> No
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36. How many full-time, paid personnel are currently on your corporate staff?	_____
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37. Do you assist the franchisee in site selection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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38. Do you assist the franchisee in lease negotiations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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39. Is financial assistance available?	<input type="checkbox"/> Yes; If Yes, <input type="checkbox"/> Direct and/or <input type="checkbox"/> Indirect	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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40. Which of the following types of marketing support do you provide to the franchisee? Please check all that apply.

Media:	<input type="checkbox"/> Co-Op Advertising	<input type="checkbox"/> National Advertising	<input type="checkbox"/> Regional Advertising	<input type="checkbox"/> Local Advertising
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Marketing Materials:	<input type="checkbox"/> Ad Slicks	<input type="checkbox"/> Brochures	<input type="checkbox"/> Catalogs	<input type="checkbox"/> Coupons/Rebates
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	<input type="checkbox"/> Direct Mailers	<input type="checkbox"/> Emails	<input type="checkbox"/> Promotional Items	<input type="checkbox"/> Radio Ads
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	<input type="checkbox"/> Site Signs	<input type="checkbox"/> Television Ads	<input type="checkbox"/> Trade Show Exhibits	<input type="checkbox"/> Videos
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Additional Services:	<input type="checkbox"/> Grand Opening	<input type="checkbox"/> In-House Marketing	<input type="checkbox"/> Marketing Research	<input type="checkbox"/> Newsletter
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	<input type="checkbox"/> Online Extranet	<input type="checkbox"/> Press Releases	<input type="checkbox"/> Sales Strategies	
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Other:	_____
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41. Which of the following on-going services do you provide to the franchisee?

	Included In Fees	At Additional Cost	Not Applicable
A. Central Data Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Central Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Field Operations Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Field Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Initial Store Opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Franchisee Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Regional or National Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. 800 Telephone Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Please note the location and duration of any initial training sessions included in the franchise fee.

Location	Duration
1.	
2.	
3.	

EXPANSION PLANS**43. How many new units do you plan to open in the next 12 months?**

____ units

44. Are you actively seeking franchisees in the U.S.? Yes No

If Yes, in what States/Regions?

 All or ____**45. Are you actively seeking franchisees in Canada?** Yes No

If Yes, in what Provinces?

 All or ____**46. Are you actively seeking franchisees Overseas?** Yes No

If Yes, in what Countries?

 All or ____**WORLD FRANCHISING NETWORK**

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