

# Request For Consideration to Franchise

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Where did you hear about Shake's Frozen Custard? \_\_\_\_\_

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Why does franchising with Shake's appeal to you? \_\_\_\_\_

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Where do you wish to locate a Shake's Franchise? *(please provide three)*

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Have you pursued or been involved in a franchise opportunity? *(if yes please explain)*

Yes  No  \_\_\_\_\_

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Do you understand how franchising works? *(please explain)*

Yes  No  \_\_\_\_\_

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**Do you understand how franchisees make money? (please explain)**

Yes  No

**Do you think franchising with Shake's will allow you to achieve your goals in life? (please explain)**

Yes  No

**Do you or your group have access to at least \$100,000 cash and a net worth of at least \$500,000? (please explain)**

Yes  No

**Assuming Shake's is the right opportunity for you, when are you prepared to acquire a franchise license?**

0-30 days     31-60 days     61-90 days     91-120 days

**After you have read Shake's Mission and Vision, please describe how they coincide with your own.**

**Are you willing to fully, completely, and consistently adhere to the Shake's operating and marketing systems? (please explain)**

Yes  No

**Please Mail Completed Form To:**  
Shake's Frozen Custard Home Office  
Attn: Franchise Development Dept.  
PO Box 8700  
Fayetteville, AR 72703