



Owning a Granny NANNIES® Franchise: A Self-Assessment Survey

Understanding personal strengths helps guide the decision-making process for those individuals determining whether franchise ownership is the right choice for them. There are no right or wrong answers to these questions.

Answering honestly provides us with the best insight into the qualities held by a potential franchise owner.

Name: _____

Section A: Personality Profile

Please select your level of agreement with how the following characteristics, behaviors and abilities apply to you.

Customer-Oriented	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Goal-Oriented	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Team-Oriented	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Results-Driven	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Decision Maker	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
High Self-Esteem	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Confident	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Follows Instructions Well	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Accepting of Constructive Criticism	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Organized	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Good Listening Skills	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree
Good Leadership Skills	<input type="checkbox"/> Strongly Disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree

Section B: Business Owner Profile

Please select which option best applies to you.

Management Experience	<input type="checkbox"/> 1-5 Years	<input type="checkbox"/> 5-10 Years	<input type="checkbox"/> 10+ Years
Net Worth	<input type="checkbox"/> Less Than \$100k	<input type="checkbox"/> \$100-250k	<input type="checkbox"/> \$250k +
Liquid Capital	<input type="checkbox"/> Less Than \$20k	<input type="checkbox"/> \$20-50k	<input type="checkbox"/> \$50k +
Availability	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	

At Granny NANNIES, we want to ensure that anyone interested in owning a franchise has insight into whether franchise ownership is the right choice for them. The following survey presents several questions to help guide those interested in franchise ownership through the decision-making process. There are no right or wrong answers; only questions that help provide unique insight for each person.

Section C: Self-Assessment Survey

Why do you want to own a Granny NANNIES franchise?

Are you someone who is confident enough to make leadership decisions without the support of others?

Do you have the time and resources to dedicate to owning a Granny NANNIES franchise?

Are you available and open to working nights and weekends?

Would you rather create your own business structure or follow an established system that has professional training, support and assistance?

A high level of personal involvement is required from individuals managing a franchise. Are you able to adapt to additional operational requirements that may arise?

Thank you for taking the time to perform this self-assessment survey. Your results will help us determine if owning a Granny NANNIES franchise is the right choice for you. **Please email your completed survey to info@grannynannies.com** and our business development team will gladly provide you with feedback.

NOTE: Information we provide in this document is not a franchise offering. A franchise offering regulated by any state may be made only if we are first registered, exempted or otherwise qualified to offer franchises in that state, and only if we provide you with an appropriate franchise disclosure document. Follow-up or individualized responses to you that involve either effecting or attempting to effect the sale of a franchise may be made only in compliance with any applicable state requirements. States with presale franchise laws include California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington and Wisconsin. If you are a resident of one of these states, are receiving this message in one of these states or intend to operate a franchise in any of these states, we will not offer you a franchise until we have complied with any applicable requirements in the applicable state.

Granny NANNIES Licensing Group
1912 Boothe Circle, Ste 300, Longwood, FL 32750
(Toll-free) 1-800-316-2669



Franchise Application

The information given will be treated discreetly. Neither application nor Granny NANNIES is obligated in any way by submission of this application. If necessary, attach additional sheets.

Personal Information

DATE:			HOME PHONE:		
NAME:			MOBILE PHONE:		
HOME ADDRESS:			BUSINESS PHONE:		
CITY:	STATE:	ZIP:	EMAIL ADDRESS:		
SOCIAL SECURITY #:			BEST TIME AND PLACE TO CALL:		
PREVIOUS ADDRESS:			MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
CITY:	STATE:	ZIP:			
NAME OF SPOUSE:			NUMBER OF CHILDREN:		
CITIZEN OF:		PORT OF ENTRY:			
LOCATION:		ALIEN REGISTRATION #:		DATE NATURALIZED:	
DO YOU OWN A HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG?	
HOW DID YOU HEAR ABOUT GRANNY NANNIES?					

Business Background

COMPANY:			FROM:	TO:
ADDRESS:			LAST POSITION HELD:	
CITY:	STATE:	ZIP:	NAME OF SUPERVISOR:	
COMPANY:			FROM:	TO:
ADDRESS:			LAST POSITION HELD:	
CITY:	STATE:	ZIP:	NAME OF SUPERVISOR:	

Education (Last year of completion)

<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> COLLEGE	<input type="checkbox"/> GRADUATE SCHOOL	COLLEGE ATTENDED:	YEAR GRADUATED:
			DEGREE:	

Business Operations Information

WILL YOU DEVOTE YOUR FULL TIME TO THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHO WILL?		
HOME ADDRESS:	CITY:	STATE:	ZIP:	

WILL ANY OF YOUR FAMILY MEMBERS BE INVOLVED WITH THE DAY-TO-DAY OPERATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT CAPACITY?
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WILL YOU HAVE INVESTORS/PARTNERS IN THE BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE TABLE BELOW:
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NAME OF PARTNER/INVESTOR	PERCENTAGE OF OWNERSHIP	CAPITAL CONTRIBUTION

WILL THE TOTAL INVESTMENT COME FROM YOUR PERSONAL CAPITAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, HOW WILL FINANCING BE ARRANGED?	

HAVE YOU OR ANY BUSINESS ENTITY IN WHICH YOU OWNED AN INTEREST IN EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS OR COMPROMISED BY CREDITORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

HAVE YOU EVER HAD A PROFESSIONAL LICENCE, REGISTRATION OR CERTIFICATION DENIED, WITHDRAWN, SUSPENDED, REVOKED, OR OTHERWISE CONSTRAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	

Franchise Location Information

FIRST CHOICE:	SECOND CHOICE:
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YOU ARE WILLING TO RELOCATE? IF YES, WHAT OTHER LOCATIONS WOULD YOU BE INTERESTED IN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST CHOICE:	SECOND CHOICE:

HOW SOON ARE YOU WANTING TO START YOUR BUSINESS?	<input type="checkbox"/> IMMEDIATELY	<input type="checkbox"/> 3-6 MONTHS	<input type="checkbox"/> 6-12 MONTHS	<input type="checkbox"/> 1+ YEAR(S)
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Personal Financials

ASSETS	AMOUNT	LIABILITIES	AMOUNT
1. CASH ON HAND AND IN BANKS		21. NOTES DUE TO BANKS	
2. CASH VALUE OF LIFE INSURANCE		22. NOTES DUE TO RELATIVE AND FRIENDS	
3. U.S. GOVERNMENT SECURITIES		23. NOTES DUE TO OTHERS	
4. OTHER MARKETABLE SECURITIES		24. ACCOUNTS AND BILLS PAYABLE	
5. NOTES & ACCOUNTS RECEIVABLE - GOOD		25. UNPAID INCOME TAXES DUE- <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE	
6. OTHER ASSETS READILY CONVERTIBLE TO CASH - ITEMIZE		26. OTHER UNPAID TAXES AND INTEREST	
7.		27. LOANS ON LIFE INSURANCE POLICIES	
8.		28. CONTRACT ACCOUNTS PAYABLE	
9.		29. CASH RENT OWED	
10 TOTAL CURRENT ASSETS		30. OTHER LIABILITIES DUE WITHIN 1 YEAR - ITEMIZE	
11. REAL ESTATE OWNED		31.	
12. MORTGAGES & CONTACTS OWNED		32.	
13. NOTES & ACCOUNTS RECEIVABLE - DOUBTFUL		33. TOTAL CURRENT LIABILITIES	
14. NOTES DUE FROM RELATIVES & FRIENDS		34. REAL ESTATE MORTGAGES PAYABLE	
15. OTHER SECURITIES - NOT READILY MARKETABLE		35. LIENS & ASSESSMENTS PAYABLE	
16. PERSONAL PROPERTY		36. OTHER DEBTS - ITEMIZE	
17. OTHER ASSETS - ITEMIZE		37.	
18.		38. TOTAL LIABILITIES	
19.		39. NET WORTH (TOTAL ASSETS minus TOTAL LIABILITIES)	
20. TOTAL ASSETS		40. TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME (RECENT YEAR)	AMOUNT	ESTIMATE OF ANNUAL EXPENSES (CURRENT YEAR)	AMOUNT
SALARY, BONUSES & COMMISSIONS		INCOME TAXES	
DIVIDENS & INTERESTS		OTHER TAXES	
RENTAL & LEASE INCOME (NET)		INSURANCE PREMIUMS	
OTHER INCOME		MORTGAGE PAYMENTS	
		RENT PAYABLE	
		OTHER EXPENSES	
TOTAL INCOME		TOTAL EXPENSES	

CONTINGENT LIABILITIES	AMOUNT	
AS ENDORSER, CO-MAKER OR GUARANTOR		<p>The undersigned certifies that the information supplied on this application and the personal financial statement and any financial information supplies on other forms is true and correct. The undersigned further certifies that additional information provided in connection with this applications shall also be true and correct. Processing of this application will not begin until all information is submitted</p> <p>I authorize investigation (including the preparation of credit reports) of all statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.</p> <p>_____</p> <p>Applicant's signature Date</p>
ON LEASES OR CONTRACTS		
LEGAL CLAIMS		
FEDERAL -STATE INCOME TAXES		
OTHER		
TOTAL		

All information on this application must be completes in full before any further processing can take place.