



Wicked Good Cupcakes Franchise

342A Circuit St.
Hanover, MA 02339

Request for Consideration

Required Information

(In order to be awarded a franchise you may be required to provide proof of financial ability.)

Name:

Email:

Address:

City:

State:

Zip:

Home phone:

Work Phone:

Cell phone:

Principal Occupation:

Briefly describe your work/business experience:

Have you ever had any experience in this type of business? Y N

If yes, please describe your experience:

Have you been involved as an owner, director, or partner of a franchise?

Yes No

If Yes, what franchise and for what time period:

Do you presently: Own Rent

What is your current net worth?

Total liquid assets?

What is the source of capital to purchase this franchise?



Wicked Good Cupcakes Franchise

342A Circuit St.
Hanover, MA 02339

How would you rate your desire to be awarded a franchise?

Very High High Moderate

Are you interested in: One location 2-3 locations Master Franchise

What location(s) are you considering?

1st choice 2nd choice 3rd choice

What is your timetable? 1-2 months 3-6 months 6-12 months

My involvement in the franchise will be:

Full Time Part Time Inactive Investor

Will other family members be involved in the franchise? Yes No

How did you become interested in this franchise?

What would make you successful as a franchisee?

What attracts you to owning your own business?

Expected income from franchise (once matured): \$

Will this be your sole source of income? Yes No

Please explain your understanding of franchising:

Please provide any additional information that you believe will help us decide to award the franchise to you: