CONFIDENTIAL INFORMATION FORM

BEFORE COMPLETING THIS FORM ELECTRONICALLY:

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• Re-open the document from your computer

This form has been designed to gather preliminary information about you and your interest in our franchise system. The purpose of this form is to help us begin the evaluation of your qualifications and business plan.

THIS IS NOT AN APPLICATION FOR A FRANCHISE OR EMPLOYMENT.

If you meet our qualifications and we both desire to pursue a possible franchise relationship, additional information, will be requested. At the conclusion of this form, please follow the instructions to submit the Confidential Information Form (CIF) to Dairy Queen of Utah Corporation (DQU).

(WE SUGGEST THAT YOU CONTINUALLY SAVE THIS DOCUMENT TO YOUR HARD DRIVE WHILE COMPLETING THIS FORM)

<u>'ONCEPT</u>			
at Other:		(specify)	
_	-		
	State	Zip Code	
	Cell Phone		
elect one): 🗌 Hom	e Office	Cell	
MPLOYMENT INI	FORMATION		
ed, Years Attended	and Major Sub	jects:	
te if self-employed)	:		
	From	То	
	From	То	
	te if self-employed)	at Other: for each individual requesting consideration) NAL INFORMATION Y State Y Cell Phone elect one): Home Office MPLOYMENT INFORMATION and Major Sub te if self-employed): From From	at Other: (specify) or each individual requesting consideration) VAL INFORMATION y State Zip Code

BUSINESS AND MANAGEMENT

	etail management experience?	Yes No			
Please Note: A manageme	nt person with restaurant/retail	management experience	e will be required.		
Have you ever been a franc	hisee of any other company?	Yes No			
If so, what company and da					
Do you plan to be the full-t	ime operator/manager of this bus	iness? Yes	No		
If not, have you identified a	an operator/manager?	es 🗌 No			
If yes, will this person have	e a vested ownership interest in th	ne business?]No		
What is this person's current	nt employment?				
Number of employees supe	rvised by this person?				
Does the above individual l	nave restaurant or retail managen	nent experience?	Yes 🗌 No		
If yes, please explain:					
What in your background o	r experience qualifies you to bec	ome a <i>Dairy Queen</i> ® fra	nchisee?		
Are you interested in mul	nit:	es 🗌 No	nal goals?		
Do you plan to have equity	partners? Yes No				
	artners and enclose a copy of this		partner.		
Name	Address		-		
Note	CURRENT BUSINESS Complete this section if an existing business		chisee.		
Business Name					
Address	City	State	Zip Code		
Office Phone	E-mail				
Contact Person & Title					
Phone Number/Extension _	one Number/Extension E-Mail Address				

Nature of current business?			
Is your company currently involved in	the foodservice of	or retail industry?	Yes No
If yes, please describe:			
Does the business entity have an affilia	tion with any oth	ner franchise?	Yes No
If yes, please explain:			
Describe your goals for your proposed	Dairy Queen [®] b	usiness:	
		<u>ORMATION</u>	
Do you own or control property you w	ould like to have	considered for develo	opment? Yes No
If yes, location preferred:		n•.	
First Choice Address			
Second Choice Address			
If you do not own or control property,		graphic preference?	
The source and amount of available lives restaurant project is an important com- each concept. The actual equity nece current minimum requirements by con-	sideration. DQU has ssary for a project m	s established minimum rec	uirements in both of these areas for
DQ Grill & Chill [®] $DQ^{\mathbb{B}}$ Treat	<u>Net Worth</u> \$750,000 \$200,000	<u>Liquid Assets</u> \$400,000 \$175,000	<u>Required Equity</u> \$300,000 \$125,000
Please Note: Retirement accounts a Assets or the Required Equity.	are not considered l	liquid assets and may <u>no</u>	<u>t</u> be used in the calculation of Liquid
Your Net Worth: <u>\$</u>			
Your Current Liquid Assets: <u>\$</u>			
The amount of equity you plan to invest	st into this projec	t (Required Equity): §	
Please Note: You will be required to v with your Franchise Application.	erify your Net W	Vorth, Liquid Assets an	nd Required Equity in connection
How did you become aware of this fram		F ORMATION ty?	
Magazine (which one	e)	🗌 Restaurant Vi	sit
Trade Show (which one)		Internet	$(DQ^{\mathbb{R}} $ Website or other)
Referral		Other	
Additional information or comments the Dairy Queen franchise:			valuating your consideration for a
Please Note:			

Please complete all questions to avoid delay in the review of your information.

Please remember to save this form to your hard drive before submitting to Dairy Queen of Utah Corporation (DQU).

TO SUBMIT YOUR CONFIDENTIAL INFORMATION FORM:

To electronically submit the completed Confidential Information Form (CIF) to Dairy Queen of Utah Corporation:

- Go to the "File" menu
- Select "Send To"
- Choose "Mail Recipient"
- Address the email to: DQUtah@att.net
- Hit "Send"

If you would prefer to mail the completed Confidential Information Form (CIF), please use the following address:

Dairy Queen of Utah Corporation Attn: Jim Huber 4066 Jupiter Dr. Salt Lake, UT 84124 (801)278-5901

Upon receipt, we will contact you to discuss available opportunities.