



# WILD BIRD CENTERS OF AMERICA, INC.® CANDIDATE QUESTIONNAIRE



*Franchising the ultimate wild bird specialty stores™*

Thank you for considering our franchise program. We look forward to speaking with you soon and to answering any questions. The information you provide will be held in confidence. Completion of your application does not create any obligation on your part. This application is simply a tool to help all parties determine how your interests and situation fit into our proven business model. Please contact George Petrides, Jr., Director of Franchise Development at (800) WILDBIRD (945-3247) ext. 203; by email to [georgejr@wildbird.com](mailto:georgejr@wildbird.com), fax at (301) 320-6154 or mail to Wild Bird Centers of America, Inc., 7370 MacArthur Blvd., Glen Echo, MD 20812. Thank you.

We will look forward to reviewing your information and planning the next steps on the path!

## APPLICATION INSTRUCTIONS

- Please type or print clearly
- Please fully answer *all* questions.
- Return original copy to WBCA
- If another person other than a spouse will be a co-owner, please make a complete copy of this form and fill out a separate application.
- Please press the tab key to get from field to field if you choose to complete this application in Microsoft Word.

## I. APPLICANT INFORMATION

Name: \_\_\_\_\_  
First
Middle
Last

Home Address: \_\_\_\_\_  
Street Address

City State/Province Zip/Postal Code

Preferred Contact Telephone: ( ) - - Best Time to Call: : am : pm

My E-Mail Address is: \_\_\_\_\_ @ \_\_\_\_\_

## II. PERSONAL INFORMATION

Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Social Security Number: - -

Number of Dependents: \_\_\_\_\_ Age(s) of Dependents: \_\_\_\_\_

If applicable, Spouse's Name:  
 \_\_\_\_\_  
First
Middle
Last

Spouse's Occupation:  
 \_\_\_\_\_  
Name of Company
Position:  Full-Time  Part-Time

Have you owned a business before?  Yes  No

If yes, please describe:  
 \_\_\_\_\_

**III. EDUCATIONAL BACKGROUND**

Schools Attended \_\_\_\_\_ Years \_\_\_\_\_ Certificate or Degree Attained \_\_\_\_\_

**IV. CURRENT EMPLOYMENT**

Self Employed

Name of Company: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Telephone: ( ) - Ext. \_\_\_\_\_ May you be contacted at work?  Yes  No  
If yes, best time to call: \_\_\_\_\_ am \_\_\_\_\_ pm

**VI. MARKET PREFERENCE**

Primary market area in which you are interested? City: \_\_\_\_\_ State: \_\_\_\_\_

Please list the zip code(s) or postal code(s) found in your primary market:

If your primary market area is not available, would you consider other areas?  Yes  No

If yes, please state your possible second and third choices below:

Second Choice - City: \_\_\_\_\_ State: \_\_\_\_\_

Third Choice - City: \_\_\_\_\_ State: \_\_\_\_\_

Do you plan to open more than one store?  Yes  No

If yes, please explain in what market area and/or zip codes in which you are interested.

City or Cities: \_\_\_\_\_ State(s): \_\_\_\_\_

Zip Code(s): \_\_\_\_\_

Would you be interested in purchasing an existing Wild Bird Center store?  Yes  No

Would you be willing to move to another area to purchase an existing store?  Yes  No

**VII. PERSONAL FINANCIAL STATEMENT**

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Current Annual Household Income: \$ \_\_\_\_\_

Will income from your store be supplemental  or a sole source of income ?

If you are financing a segment of your business, is it through:

- Friendly Loan (family, friends)     Private Investors     SBA or Provincial Loan  
 Secured Bank Loan     Unsecured Bank Loan     Other, Please describe below:
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If qualified when would you be ready to invest in your Franchise?

- 0-3 months     4-6 months     7-12 months     13-18 months     19+ months

**VIII. OPERATIONAL APPROACH**

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Would you expect to devote your full-time attention to this business?     Yes     No

If no, what percentage? \_\_\_\_\_ %

Will you be responsible for the day-to-day operation of the business?     Yes     No

If not, who will? \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Would your spouse or partner assist you in the business?     Yes     No

If yes, how many hours per week would your spouse assist you? \_\_\_\_\_

If you anticipate having a partner (other than your spouse) how many hours per week will they participate? \_\_\_\_\_

**IX. MOTIVATION FOR OPERATING YOUR OWN WILD BIRD CENTER**

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What aspects of owning a Wild Bird Center store appeal to you most?

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What goals would you like to achieve by owning a Wild Bird Center franchise?

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**X. OTHER CONSIDERATIONS**

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How long have you used a computer? \_\_\_\_ years.

Are you physically able to lift inventory items that could weigh 50 lbs. or more?  Yes  No

You may find it beneficial to your business for you to conduct bird walks and/or speak to various groups and clubs. Do you have the ability and desire to speak before small groups?

Yes  No

Do you have experience in:

Retail  Accounting  Marketing  Purchasing  Customer Service

Please give a brief summary of experience for each skill checked (e.g. Retail: Sales Assistant, clothing store, 3 years):

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**XI. BIRDING INTEREST**

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Please tell us something about your interest in birds and nature in general.

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Have you taken any educational classes on birding or nature in general?  Yes  No

If yes, please explain.

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Please describe other hobbies or special interests you may have.

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Please list clubs, organizations or civic groups in which you have actively participated in during the past 5 years.

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**XI. GENERAL INFORMATION**

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How did you first learn about the Wild Bird Centers of America, Inc?

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Have you visited any Wild Bird Center stores?  Yes  No

If yes, which ones?

City \_\_\_\_\_ State/Province \_\_\_\_\_ When? \_\_\_\_\_

Are you considering any other franchise systems or concepts?

Is there any other information you would like to provide?  Yes  No

## **XII. PERSONAL FINANCIAL STATEMENT**

This statement lists your assets and liabilities as of (date) \_\_\_\_\_

<b>ASSETS</b>	<b>Amount</b>
<b>(a) Cash</b> On hand and unrestricted in banks. (do not include IRAs and pension plans)	\$ .
<b>(b) Publicly Traded Stocks, Bonds and Government Securities</b>	\$ .
<b>(c) Current Value of Personal Residence owned</b>	\$ .
<b>(d) Current Value of Other Real Estate owned</b>	\$ .
<b>(e) Automobiles and Other Personal Possessions</b>	\$ .
<b>(f) IRA, 401(k), Keogh</b>	\$ .
<b>(g) Other Assets</b>	\$ .
<b>(h) Total Assets</b>	\$ .

<b>LIABILITIES AND NET WORTH</b>	<b>Amount</b>
<b>(i) Notes Payable to banks</b>	\$ .
<b>(j) Notes Payable to Others</b>	\$ .
<b>(k) Mortgages Payable on Personal Residence</b>	\$ .
<b>(l) Mortgages Payable on other Real Estate</b>	\$ .
<b>(l) Other Liabilities: please list below</b>	\$ .
<b>(m) Total Liabilities</b>	\$ .
<b>NET WORTH</b> (total Assets minus Total Liabilities)	\$ .

### **CONTINGENT LIABILITIES**

Please list the nature and amount of any contingent liabilities (as an endorser or co-maker, on leases or contracts, legal claims, or provisions for federal income taxes).

**By signing the underlying, I attest that the above is true and factual information as of the time of completion. I authorize Wild Bird Centers of America, Inc. to perform a credit check for pre-qualification purposes.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated \_\_\_\_\_