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**SEGAFREDO ZANETTI ESPRESSO FRANCO  
PRAGUE SANTIAGO VIE  
MELBOURNE PENANG  
BUCHAREST MIA**



(Complete in full and do not use abbreviations, please print clearly or type)

The filing of this application does not obligate the applicant to become a franchisee of MASSIMO ZANETTI BEVERAGE Cafes USA, Inc.

**Personal Information (All amounts to be expressed in U.S. \$ dollars)**

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Years There: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
State of Issue: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Total No. Dependents: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Names/Ages: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_ Spouse's Annual Income: \$ \_\_\_\_\_

**Employment/Business Experience**

(Last 10 years) If additional space needed, attach separate sheet (Please attach copy of your Resume)

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Can we contact? . Yes . No  
Describe responsibilities & number of employees: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Can we contact? . Yes . No  
Describe responsibilities & number of employees: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Can we contact? . Yes . No  
Describe responsibilities & number of employees: \_\_\_\_\_

**Management Goals**

Do you plan to devote full time to this venture? .Yes .No Do you have a location? Yes\_\_\_No\_\_\_ If yes, where? \_\_\_\_\_  
If No, area of interest: \_\_\_\_\_ Do you plan to have equity partners? Yes\_\_\_No\_\_\_

If yes, complete the following:

Name of Partner: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

NOTE: Each Partner MUST submit a separate application form.

**Personal References**

LIST THREE (3) REFERENCES YOU HAVE KNOWN AT LEAST 5 YEARS (DO NOT INCLUDE RELATIVES)

<u>Name</u>	<u>Address (City, State, Zip Code)</u>	<u>Relationship</u>	<u>Phone #</u>





**General Information**

**A. Has any applicant ever made an assignment into bankruptcy or any other form of debt restructuring? YES NO**

*Note: If yes, please provide details (date of assignment, details of bankruptcy/restructuring, date of discharge, etc.)*

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**B. Has any applicant ever been charged or convicted of a crime (including moving violations)? YES NO**

*Note: If yes, please provide details (date, nature of charge, etc.):*

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**C. Has any applicant ever been involved in any form of litigation, either against or initiated? YES NO**

*Note: If yes, please provide details (date, nature of charge, etc.):*

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**D. Has any formal business plan been prepared? If not, have any detailed revenue/expense projections been made for the initial and subsequent years of operation? Are there any contingency plans in the event that revenue/expenses projections are not realized?**

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**F. Will the franchise be the main source of income? Are there any other sources of income to rely upon in the event that it is necessary?**

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**G. How much time (hours per week) are you prepared, or able, to devote to the franchise? Are you willing to work on the weekends?**

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**H. Do you have other time commitments such as a regular employment or family obligations?**

**Can you rely on the others to work with you as needed?**

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**I. What is the highest level of education achieved? Has any other formal business training been received? Do you have a strong Foodservice experience? Are you able to involve (and keep) in your project (operations) a professional with solid Foodservice background? Do you understand the importance of the latter commitment?**

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**J. Do you have any bookkeeping/accounting skills & commercial real estate understanding learned through practical experience or formal training?**

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Financial Information (All amount to be expressed in US \$ dollars)

**LIST BANKS, FINANCE COMPANIES, SAVINGS & LOANS, MONEY MARKET FUNDS & OTHER FINANCIAL INSTITUTIONS**

<u>Name</u>	<u>Mailing Address</u>	<u>City, State, Zip Code</u>	<u>Contact</u>	<u>Phone #</u>

**LIST ALL BUSINESSES IN WHICH YOU HAVE FINANCIAL INTERESTS**

<u>Name</u>	<u>Address (city, state, zip code)</u>	<u>Position</u>	<u>Year Started</u>	<u>Annual Income</u>

**SCHEDULE A – CASH ON HAND AND IN BANK (attach copies of current statements)**

<u>Name of Bank</u>	<u>Address</u>	<u>Account #</u>	<u>Balance</u>

**SCHEDULE B – MORTGAGES OR NOTES DUE TO ME (attach copies of statements and/or notes)**

<u>Maker of Mortgage or Note</u>	<u>Address of Property</u>	<u>Address</u>	<u>Balance</u>

**SCHEDULE C – OTHER NOTES/ACCOUNTS DUE TO ME (attach copies of notes/statements)**

<u>Maker of Note</u>	<u>Description of Note</u>	<u>Address</u>	<u>Balance</u>





**SCHEDULE D – STOCKS AND BONDS** (attach copies of current statements)

<u>Name of Company or Broker</u>	<u>Account Market Value</u>	<u>Amount Pledged and to Whom</u>

**SCHEDULE E – CASH VALUE OF LIFE INSURANCE** (attach copy of proof of face value)

<u>Name of Insurance Company</u>	<u>Address</u>	<u>Face Amount Cash</u>	<u>Value</u>

**SCHEDULE F – REAL ESTATE OWNED** (attach proof of ownership)

<u>Description of Property</u>	<u>Name on Title</u>	<u>Cost</u>	<u>Market Value</u>	<u>Balance Owed</u>	<u>Mortgage Holder</u>

**SCHEDULE G – NOTES PAYABLE TO BANKS AND OTHERS** (attach copy of Notes)

<u>Name of Note Holder</u>	<u>Address</u>	<u>Original Balance</u>	<u>Owed</u>	<u>Terms</u>

**SCHEDULE H – TAXES DUE**

<u>Type of Tax</u>	<u>Amount Owed Date</u>	<u>Due</u>	<u>Unpaid from Prior Year</u>





Financial Summary

PERSONAL FINANCIAL STATEMENT AS OF / / 20

ASSETS

Cash on Hand and in Bank \$

Mortgages or Notes Due to Me \$

Other Notes/Accounts Due to Me \$

Stocks and Bonds \$

Cash Value of Life Insurance \$

Real Estate Owned \$

Other (list below) \$

\$

\$

\$

Total Assets \$

LIABILITIES

Real Estate Mortgage(s) Payable \$

Notes Payable to Bank(s) and Others \$

Loans Against Cash Value of Life Insurance \$

Taxes Due \$

Other (list below) \$

\$

\$

\$

\$

Total Liabilities \$

Net Worth \$





I understand that the granting of a franchise is at the sole discretion of MASSIMO ZANETTI BEVERAGE Cafes USA, Inc.  
I understand that I and/or a representative will have to successfully complete MASSIMO ZANETTI BEVERAGE Cafes USA, Inc. training program before a location will be allowed to open for business.

I understand that MASSIMO ZANETTI BEVERAGE Cafes USA, Inc. decided not to disclose operational costs or performances of its cafés also in consideration of the fact that local market conditions and business environments may vary in a great extent depending on country's, state's and local commerce laws and regulations.

I have read this application and everything I have stated in it is true. I understand that MASSIMO ZANETTI BEVERAGE Cafes USA, Inc. in granting me a franchise, will rely upon the information provided by me.

\_\_\_\_\_  
Authorized Signature (required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I hereby authorize MASSIMO ZANETTI BEVERAGE Cafes USA, Inc. its agents, and all credit agencies, educational institutions, corporations, current and former employers, law enforcement and government agencies, city, state, county, and federal courts, military services, and persons to release any information they may have about me to the company with which this has been filed, or their agent.

I release MASSIMO ZANETTI BEVERAGE Cafes USA, Inc. and/or its agents and any person or entity which provides information pursuant to this information, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all referenced sources used.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Contact Info:

**MASSIMO ZANETTI BEVERAGE Cafes U.S.A., Inc.**  
SEGAFREDO ZANETTI ESPRESSO Unit

200 Port Centre Parkway  
Portsmouth, VA 23704  
(757)215-7300 (p)  
(757)215-7446 (f)

[info@segafredocafe.com](mailto:info@segafredocafe.com) (email)  
[www.segafredocafe.com](http://www.segafredocafe.com) (web)

