

FRANCHISE APPLICATION FORM

PRIMARY CONTACT INFORMATION

FIRST NAME	LAST NAME	DATE OF APPLICATION
CURRENT ADDRESS	PHONE NUMBER	EMAIL
DATE OF BIRTH		CITIZEN OR PERMANENT RESIDENT OF WHICH COUNTRY

EDUCATION

QUALIFICATIONS	INSTITUTE NAME	DATE
PLEASE DESCRIBE ANY TRAINING IN SALES, RETAIL OR MANAGEMENT		

CURRENT BUSINESS OWNERSHIP/EMPLOYMENT EXPERIENCE

PRESENT OCCUPATION/POSITION		
COMPANY	ADDRESS	MANAGER/ PARTNER NAME(S)
PLEASE DESCRIBE RESPONSIBILITIES AND NUMBER OF EMPLOYEES SUPERVISED		

PREVIOUS BUSINESS OWNERSHIP/EMPLOYMENT EXPERIENCE

IF APPLICABLE, LIST MOST RELEVANT/RECENT RETAIL OR HOSPITALITY EXPERIENCE

PREVIOUS OCCUPATION/POSITION	COMPANY	YEARS OF TRADE/EXPERIENCE
ADDRESS	PARTNER NAMES	IS THE COMPANY STILL OPERATING? <input type="checkbox"/> YES <input type="checkbox"/> NO
		DO YOU STILL HAVE A FINANCIAL INTEREST? <input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE DESCRIBE RESPONSIBILITIES AND NUMBER OF EMPLOYEES SUPERVISED		
REASON FOR LEAVING		

CONFIDENTIAL

THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER.

PRIVACY POLICY

ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL AND WILL NOT BE DISCLOSED EXCEPT FOR PURPOSES OF VERIFICATION.