

## FRANCHISEE APPLICATION FORM

All information contained in these forms is confidential and details will not be divulged to any person or firm other than the franchisor and financier [if applicable], without authority.

### Personal Details:

Full Name:

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Address:

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Post Code:

Telephone [B/H]:

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Telephone [Private]:

Mobile:

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Date of Birth:

Place of Birth:

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Marital Status:

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Spouses Full Name:

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Number of Children :

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How long have you lived at your present address:

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Do you Rent / Own / Pay Off Other:

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Previous Address:

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Have you ever owned a business before:

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Type of Business:

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Is that business Still in Operation Yes / No:

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Describe your health – Poor / Fair / Good / Excellent:

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Describe any physical disabilities or health problems [if any]:

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Have you ever been declared Bankrupt:

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List your interest and special skills:

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Drivers License Number:

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Have you had any hospitality or franchise operational experience? If yes, please describe:

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## Present Occupation [or previous occupation if in between appointments]

Position: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

Type of Business & Position held: \_\_\_\_\_

\_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Period of employment with company: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Describe responsibilities and number of people you supervised [if applicable]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment Record

Second Last Employer: \_\_\_\_\_

Position held: \_\_\_\_\_

\_\_\_\_\_

Period of employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Third last Employer: \_\_\_\_\_

Position held: \_\_\_\_\_

\_\_\_\_\_

Period of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_



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## Education

Last School Attended: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Any other additional Educational Institutions Attended: \_\_\_\_\_

On going Education: \_\_\_\_\_

## Financial Information [Part 1]

\$ _____	\$ _____
Present Annual Income:	Fixed Annual Outgoings:
Wages / Salary [After tax]:	Mortgage Repayments:
Bonus or Commission:	
Dividends:	Loan Repayments:
Other Income [details]:	Other Liabilities [details]:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total:</b>	<b>Total:</b>

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## Asset & Liability Statement

Assets \$	Liabilities \$
Cash on Hand:	Overdrafts:
Cash in Savings etc:	Creditors:
Bank & Branch:	Leasing Finance: Monthly Repayments:
Securities [shares, Bonds, Life Insurance]:	Hire Purchase: Monthly Repayments:
Superannuation:	Personal Loans: Monthly Repayments:
Property Held:	Mortgages:
1.	1.
2.	2.
3.	3.
Motor Vehicles:	Other Loans:
Value of Business Assets:	Loans Guaranteed for others [details]:
Plant & Equipment:	Other Debts [details]:
Other Assets [details]:	
Furniture & Fittings:	
<b>Total:</b>	<b>Total:</b>

**What level of total earnings [wages and profits] would you like to make this year with a business?  
[Be realistic, work out what you think is a reasonably reward for your effort and a modest return on your capital]**

First Year? \_\_\_\_\_

Second Year? \_\_\_\_\_

Third Year? \_\_\_\_\_

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### Financial and Personal References

Name of Accountant:

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Address of Accountant:

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Telephone:

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Name of first Personal Reference:

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Address:

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Telephone:

Nature of Association:

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Name of second Personal Reference:

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Address:

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Telephone:

Nature of Association:

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### General Information

How do you intend to finance your investment in Lone Star Rib House?

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In which area[s] would you prefer to take an Lone Star Rib House Franchise?

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Will you devote your full time to the business? Yes / No

Will your spouse be actively involved in the business? Yes / No

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Are you considering a partner? Yes / No If yes, complete a separate application for your intended partner:

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Partner's Name:

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Partner's Address:

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Partner's percentage of business:

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Do you intend to hold the Franchise in a company name? Yes / No

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If yes, what is the Company Name:

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A.C.N number:

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Company Registered Address:

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Full names of Company Directors:

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Home Address of the Company Director 1:

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Home Address of the Company Director 2:

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Home Address of the Company Director 3:

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Who are your Bankers?

Name:

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Firm:

Branch:

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Who is your Solicitor – for independent legal advice:

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Who else would you rely on for advice regarding the purchase of an Lone Star Rib House Franchise?

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How did you hear about the Lone Star Rib House Franchise?

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Any criminal convictions? If yes, please give details:

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Are you involved in any legal action which may cost more than \$1000? If yes, please give details:

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**Please rate your experience in each of the following areas: 1 = little experience 10 = well experienced**

1. Dealing with the public:

4. Supervising others:

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2. Advertising and PR

5. Networking:

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3. Use of personal initiative:

6. Working with others:

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## Questionnaire

In order for both an individual and a company to grow, they must have common goals and beliefs. The following questionnaire will help us to determine your needs and ascertain whether or not they run parallel to our company needs. Please be frank with your answers.

If you could have any job or position you wanted, what would you do?

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What qualities do you have that you believe are valuable if you become part of the Lone Star Rib House Franchise?

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What do you think is likely to make the difference between success and failure in your business?

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What do you feel has been your greatest accomplishment in your life to date?

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What has been your greatest disappointment?

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What have you personally done to improve yourself in the past year?

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Why do you want to go into business?

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Do you appreciate that nobody can predict the future of a business, regardless of the track record of the Franchisor?

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Why do you think you will be successful in this venture?

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During your initial investigations, were you promised a particular turnover or profit by any person?

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How does your spouse feel about your interest in joining Lone Star Rib House?

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What do you consider to be your greatest strengths?

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Which aspects about the Lone Star Rib House Franchise are the most important to you?

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What do people most often criticize you for?

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What factors of the past have contributed most to your own personal development?

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What factors would you say have been handicaps in preventing you from moving ahead more quickly in obtaining a business?

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What else do you think we should know about you to understand you better and to determine what your association with Lone Star Rib House could mean?

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Based on mutual acceptance, what date can you think you can start?

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Who amongst your acquaintances:

Encourages you the most?

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Cautions you the most?

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Discourages you the most?

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Why are you considering going into business at this time?

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If your business was not successful who would you consider would be responsible, and why?

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Who do you consider to be the most successful person you have ever met, and why?

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**I understand that the purpose of the application is to assess my suitability as an Lone Star Rib House Franchisee.  
I understand the referees and previous employees may be contacted.  
I certify that the above information is true and correct.**

Signed:

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[For Company Applicants]

Signed:

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For and on behalf of: *[Company Name]*

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Position Held in the Company:

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