

**PACIFIC RETAIL MANAGEMENT FRANCHISING GROUP
FRANCHISE PARTNER APPLICATION FORM**

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**Which concept/franchise are you applying for?
(please tick)**

- Go Sushi**
 - Love Coffee & Crepes**
 - Kick Juice Bars**
 - Red Rock Steak & Grill**
 - Master Franchise**
 - International Franchise**
-



PACIFIC RETAIL MANAGEMENT
FRANCHISE PARTNER APPLICATION FORM

Pacific Retail Management is committed to strong branding, excellent products, happy customers and great relationships with, and within the Pacific Retail Management franchise network.

To continually achieve these goals, our relationship with our franchise partners is paramount, from start-up to the long term ownership of a Pacific Retail Management Franchise business.

Essentially we need to know that the people that join the Pacific Retail Management Franchise network are as committed to the above goals as we are, and that you will have every chance to prosper.

Attached you will find an application form. The attached application is provided to you, "the Applicant", by Pacific Retail Management Franchising Group Pty Ltd ("**Pacific Retail Management**") in order to establish your suitability as a Pacific Retail Management Franchisee.

Throughout the application process you may be requested to produce proof of your financial situation, and Pacific Retail Management may contact your referees to assist in evaluating your application.



**PACIFIC RETAIL MANAGEMENT
APPLICANT INFORMATION**

1. Who will be the owner of the proposed Pacific Retail Management franchise?

Please tick:

- Trust – go to **2.a** and **3**
- Pty Ltd Company – Fill in **2.b** and **3**
- Ltd Company – Fill in **2.b** and **3**
- Sole Trader - go to **3**
- Partnership - go to **3**

2. Owner Details

2.a Trusts
(If any Applicant is the trustee of a Trust, a copy of the Trust Deed must be provided to Pacific Retail Management)

Name of Trust: _____

Date Established: _____

Names of beneficiaries / unit holders: _____

2.b – Pty Ltd Company or Ltd Company Details

Name: _____

ABN: _____

Registered Address: _____

_____ P/Code: _____

Business Address: _____

_____ P/Code: _____

Ph: (____) _____ Fax: (____) _____

Email: _____



3. Sole Traders/Partnerships Individuals and/or directors of the above company

How many applicants are there for this franchise business? _____

- *Each shareholder, director and partner must fill in an application form, sign the attached declaration and attach supporting information.*
- *Additional application forms are available, if required.*

Applicant 1

- Answer questions A – F
- Sign the attached declaration,
- Attach supporting information as set-out on the last page of this document.

A. Personal Details

Full Name: _____

Private Address: _____

_____ P/Code: _____

D.O.B _____

Ph: (____) _____ Fax: (____) _____

Mobile: _____

Email: _____

Drivers Licence: _____

Position:
Sole Trader / Partner / Director / Shareholder

Ownership % of business: _____

Weekly hours working in/on business: _____



B. Skills and Experience

Other Roles/Directorships/Business Interests (name of business and role):

Educational / Personal Qualifications:

Experience in sales, retailing or management: *(please provide details of role and responsibilities, name and type of business)*

Have you been dismissed from any position of employment?

Yes/No

If yes, please provide details:



C. Additional Information:

	Your Accountant	Your Banker	Your Solicitor
Contact Name			
Business Name			
Business Address			
Phone			
Mobile			
Email			

Work References:

1/
 Name: _____

Relationship: _____

Phone: (____) _____

2/
 Name: _____

Relationship: _____

Phone: (____) _____

3/
 Name: _____

Relationship: _____

Phone: (____) _____



E. Financial Information

Income / Expenditure

Current Monthly Income	Monthly \$Net	Current Monthly Expenditure	Monthly \$Net
Salary		Mortgage Payments/Rent	
Bonus / Commissions		Loans/leases – car / boat / furniture / personal	
Dividends / Interest		Living Expenses – phone / electricity / medical / entertainment	
Real Estate Income		Insurance	
Other (please specify)		Credit Card Repayments	
		Other (please specify)	
Total	\$	Total	\$

Statement of Assets and Liabilities

Assets	Value	Liabilities	Total Owing
House Investment Property		Mortgage 1/ Mortgage 2/	
Car/s		Leases	
Boat		Loans	
Shares		Margin Loans	
Cash on hand		Credit Cards	
Other (please specify)		Other (please specify)	
Total	\$	Total	\$



F. Questionnaire

Why do you believe you are suited to operating a Pacific Retail Management Outlet/Franchise?

Have you ever owned or worked in a business similar to the proposed Pacific Retail Management franchised business?

Yes/No

If yes, please provide details of the business (name, address, telephone):

Are you prepared to sacrifice holidays, and/ or weekends to which you may have become accustomed until you have established your business and level of training to the satisfaction of Pacific Retail Management?

Yes/No

Why do you want to go into business?

Are you prepared to comply with the procedures and controls set by Pacific Retail Management?

Yes/No

How many years do you intend to operate the business?

- Three
- Five
- Ten

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

Yes/No



Why do you think you will be successful?

What qualities do you have that you believe are valuable if you became part of the Pacific Retail Management Franchise network?

Will you devote your full time to the business?

Yes/No

If yes, how many hours per day, and days per week?

If no, please state how you propose to operate the business:

Will you be able to handle, supervise and direct staff?

Yes/No

If no, how will your business handle these issues?

Do you have the personal capacity to handle business and staff problems if they arise?

Yes/No

If no, how will the business handle these issues?



Do you know what a Franchise is? Explain:

Explain the nature of the Franchisor/Franchisee relationship:

Are you comfortable about the idea of working in co-operation with Pacific Retail Management, and do you accept that a number of disciplines exist in a franchise system, in particular working under the direction and guidance of the Franchisor?

Yes/No

Do you know that a Franchise is only granted for a defined period at the end of which the Franchisor is not obliged to renew unless there is an express provision for renewal in the Franchise Agreement?

Yes/No

As well as obtaining legal, accounting and financial advice with respect to the Franchise Agreement, do you intend to read it yourself?

Yes/No

Are you aware certain information provided and/or advised to you is confidential and shall not be divulged to any third person unless Pacific Retail Management gives its prior approval?

Yes/No

Please advise what representations have been made to you and by whom?



Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity?

Yes/No

How would you cope with unexpected losses as the business is building and any other set-backs?

Any final comments?



DECLARATION

I/We _____ of _____

declare as follows:

I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects, and that no relevant details have been omitted.

I/We acknowledge that if any information included in this Application is false or misleading in any way Pacific Retail Management Franchising Group Pty Ltd shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I/We also acknowledge and agree that Pacific Retail Management Franchising Group Pty Ltd:

1. is collecting the information contained in this Application to assess whether I/we should be considered as a potential franchisee;
2. is relying upon the information contained in this Application as a material factor in considering this Application;
3. is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
4. may provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and
5. may retain copies of this Application for its records, whether or not this Application is successful.

1/ Signature _____ 1/ Print Name _____

2/ Signature _____ 2/ Print Name: _____

3/ Signature _____ 3/ Print Name: _____

Dated this _____ day of _____ 20_____



CHECKLIST FOR YOUR APPLICATION ALL APPLICANTS:

If you are a company:

Attach:

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- Copies of the company's Constitution and Certificate of Incorporation.
- If you have previously operated your own business, please provide a Profit and Loss and Balance Sheet for the last two (2) years of your most recent business.
- Send all documents to Nicola Mills, PO Box 1086, Rozelle, NSW, 2039

If you are a sole trader, a partnership or individuals

Attach:

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- If you have previously operated your own business, please provide a Profit and Loss and Balance Sheet for the last two (2) years of your most recent business.
- Send all documents to Nicola Mills, PO Box 1086, Rozelle, NSW, 2039

If you are a Trust

Attach:

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- Copies of the Trust Deed and other related deeds.
- Send all documents to Nicola Mills, PO Box 1086, Rozelle, NSW, 2039.

