



## FRANCHISE APPLICATION

Confidential

(Note : The information submitted on this form will be treated by Timeout Gelato Bars as strictly private and confidential.)

### PERSONAL

Full Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Nationality \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Marital Status  Single  Married  Divorced

Education  Secondary  Technical  University  Other \_\_\_\_\_

### BUSINESS EXPERIENCE

Have you ever been in the food business before?  Yes  No

If yes, please give details \_\_\_\_\_

Have you ever been involved in Training or People Management?  Yes  No

If yes, please give details \_\_\_\_\_

What interests you most about a Timeout Gelato Bars franchise?

What personal qualities do you possess that would enable you to operate a successful business?

Will this business be your only source of income?  Yes  No

### TIMEOUT GELATO BARS CO. LTD

103/1 Moo 10, Beach Road (Walking Street)

Nongprue, Banglamung, Chonburi 20260 Tel: 086 341 3500 Fax: 038 416 414

www.timeoutgelato.com franchising@timeoutgelato.com

Do you expect to devote your full time or part time to this business?  Full time  Part time

Please explain how you are going to manage the business \_\_\_\_\_

Province/Territory for which this Franchise Application is being made for? \_\_\_\_\_

Have you been involved in a Franchise business before?  Yes  No

If yes, please give details \_\_\_\_\_

Are you a partner or officer in any other venture?  Yes  No

If yes, please give details \_\_\_\_\_

Have you been convicted with any criminal offence other than minor traffic offences?  Yes  No

If yes, please give details \_\_\_\_\_

### FINANCIAL INFORMATION

Assets		Liabilities	
Cash in Hand and Bank		Loans Payable to Banks	
Investment Accounts		Other Loans	
Shares or Bonds		Accounts Payable	
Real Estate		Real Estate Mortgages	
Automobile		Automobile Loans	
Value of Other Business		Other Liabilities	
Furniture, Machinery & Equipment			
Other			
<b>Total Assets</b>		<b>Total Liabilities</b>	

Amount of Capital available for Franchising? \_\_\_\_\_

Is the Capital amount available for Franchising Owned or Financed? \_\_\_\_\_

### PERSONAL REFERENCES (other than employees or relatives)

Name	Relationship	Mobile Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that, to the best of my knowledge and belief, the above statement and particulars are true and complete. I also authorize you to make any enquiries you consider necessary in connection with this application. I am aware that, should this application be refused, no reason need to be given.

Applicants Name  
(BLOCK LETTER)

Applicants Signature

Date