

**Request for Consideration for Franchising
(Confidential)**

Corporate Applicants:

Company Name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

Province/ State _____ Country: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Company website: _____

Facebook: _____ Twitter: _____

Date of Incorporation: _____ Years in business: _____ # employees: _____

Gross turnover in \$US/ £: _____ Net Value of business in \$US/ £: _____

Describe the type of business the company is currently involved in: _____

(continued) _____

Total Net Worth: \$US/ £ _____

Readily available funds for franchise development \$US/ £: _____

Individual Applicants:

Family name: _____ First name: _____

Nationality: _____ Date of birth: _____

Address: _____

City: _____ Country: _____ Postal Code: _____

Phone #: _____ Cell Phone #: _____

Email address: _____

Provide further relevant business background and submit a resume: _____

(continued) _____

Readily available funds for franchise development \$US/ £: _____

Total net worth in \$US/ £: _____



Do you have a financing source: If yes, please provide name: _____

Current salary per annum \$US/ £: _____ Other income \$US/ £: _____

Additional sources of income: _____

Franchise/ Business Experience:

Are you or is your company currently involved in a franchise system? Yes or No

If yes, please complete the information below:

Name of franchise: _____

Type of franchise: _____

Development strategy: Single Franchise or Area Development or Master Franchise

Number of units currently open: _____ Under development: _____

Proposed Territory/ Country Location:

Territory/ Country of interest: _____

Territory/ Country of interest 2nd choice: _____

Territory/ Country of interest 3rd choice: _____

Estimated number of units that can be realistically sustained and operated in
proposed territory: _____

Proposed number of units over 3 years: _____

Proposed number of units over 5 years: _____

License agreement type if granted:

License will be in the name of:

Company: A Partnership: An Individual: Other:

Please provide name to specify: _____



Minimum Premises Specifications List

Locations/ Projects:

Malls, Lifestyle Centres, Amusement Parks, Entertainment Venues, Outlet Malls, Public Transportation Hubs.

Demographics:

Key National Co-Tenancy

Heavy foot traffic 250,000 per week in shop front vicinity

Size:

- Minimum size: 120 – 600 square feet
- Minimum shop frontage of 4m
- Power supply minimum 100 amps
- Fresh water supply and drainage preferred
- Fresh air/ ventilation - subject to landlord requirements

Please note the following:

The above requested information is mandatory in order to be considered swiftly. Please ensure that the following information is provided to Wafflemeister:

Checklist:

- Completed Request for Consideration for Franchising
- Full company background information including a detailed operational and structural overview clearly showing your development, logistic and management capabilities
- Resume
- For individuals proof of net worth and corporations full annual reports for the past 3 years
- Corporate presentations
- Available real estate locations
- Any additional information that you think is relevant and helpful to this process

This Request for Consideration for Franchising will be kept confidential. Also please note that it is no guarantee or approval for granting a franchise or any type of agreement between you and Wafflemeister Franchise Ltd.

Statement of Declaration:

I certify that the information provided has been done so to the best of my knowledge. I authorise Wafflemeister to conduct a full background check on myself and the companies that I am related to in order to verify that the information I provided is accurate.

Signed:_____ Date:_____

Print name:_____

Once completed please email to: franchise@wafflemeister.com

