



## FRANCHISEE EVALUATION FORM

The purpose of this Form is for you to provide us general information to help evaluate your positions to take on and successfully run a **Stomping Grounds Café Franchise**.

This is not an application. If we move into stage 2 of the selection process, we will request you for additional information. **This form should be completed by EACH proposed partner.** Please print or type your answers. You may attach additional pages if necessary to provide complete answers. Please answer as many questions as possible to help us assess the viability of awarding you a Franchise.

### Personal Data (for each partner, if your's is a start-up business)

Please attach a copy of each Applicant's identification (passport/national id. etc)

DATE OF APPLICATION  (DD/MM/YYYY)			
Full Name		Home Address	
Age	Mobile No.		
Tel. No.	Email Address:		
Company Name		Nationality	
Position in Company	Company Postal Address		
Company Physical Address			
Marital Status: (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			
Dependent Children		Ages	

### Applicant's Franchise Plan – Section A

I am/We are interested in the Stomping Grounds Cafe franchise because: (a very short brief of why you are motivated to obtain a Stomping Grounds Café Franchise)

As a franchisee I/We will be:

actively involved in the business  
(as owner and operator/manager)

passively involved  
(as owner but will appoint the operators/managers)

I/ We plan to operate the franchise:

as an individual (proprietor LLC company)

in partnership (partnership LLC company)

as part of a Group of Companies (State where this group's parent business is based)

## Capital & Territory – Section B

Amount of capital available for this business in US\$. (*Capital in Cash and Real Estate if you own the premises you wish to operate from*). Please explain:

Area/Location/Territory/Country for which you want to start a Stomping Grounds Cafe Franchise?

Are you interested in Operating/Owning exclusively in your area / city?  YES  NO

If yes, you may need to commit to opening more than one store over a 36-month period given the geographical area of your city/region. Do you have the resources to commit to opening more than 1 store? Please provide details:

Are there any countries you are interested expanding your Franchise into?  YES  NO

If YES. List other Cities & Countries of interest:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Business/Employment Details – Section C**  
**(Principal Applicant Only)**

If you are **Self-employed**, how long have you been in business for? From: \_\_\_\_\_ (mm/yy) to: \_\_\_\_\_ (mm/yy)

Name and Address of the Business: \_\_\_\_\_

Business profile: \_\_\_\_\_

Annual Turnover (in US\$): \_\_\_\_\_ No. of staff on your payroll: \_\_\_\_\_

If you are **NOT self-employed**, name and address of your current employer: \_\_\_\_\_

Your current position/designation at work: \_\_\_\_\_

Your current annual income (after taxes): \_\_\_\_\_ (US\$)

Date you commenced work with your current employer: \_\_\_\_\_ (mm/yyyy)

Are you seeking to leave your current employer:      YES      NO

**Education - Section D**

Highest Qualification obtained: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Country of study: \_\_\_\_\_

Course Majors: \_\_\_\_\_

**Income – Section E**

Salaried Income:                           US\$ \_\_\_\_\_ per annum

Any other sources of Income:           US\$ \_\_\_\_\_ per annum  
(Realestate, stocks, other investments)

**Total Gross Income:**                   **US\$ \_\_\_\_\_ per annum**

## References – Section F

Please list three professional and character references				
	Name	Address	Email	Phone No
1.				
2.				
3.				

Please list three Credit References (example: your bank, suppliers you have dealings with etc)				
	Name	Address	Email	Phone No
1.				
2.				
3.				

Bank References (Please note that you may be required to supply us with 3 months bank statements if required)				
	Name	Address	Email	Phone No
1.				
2.				
3.				

## Contingencies – Section G

Do you have any conditional liabilities?  YES  NO      Are any of your assets pledged?  YES  NO  
 If YES to either of the above, please elaborate:

Have you ever filed for bankruptcy?  YES  NO  
 If YES, please elaborate:

Are you the defendant in any law suits or legal action?  YES  NO  
 If YES, please elaborate:

## FINANCIAL STATEMENT – Section H

(Please answer all questions using “NIL” where necessary. Attach additional sheets as needed.)

### Assets

Cash on Hand (unrestricted in banks) in US\$:
Other Stocks and Bonds: (Valued in US\$)
Value of Real Estate owned: (Valued in US\$)
Any Other Assets: (Valued in US\$)
<b>Total Assets (in US\$)</b>

### Liabilities and Net Worth

Mortgages Payable on Real Estate (Valued in US\$):
Other Liabilities (Itemize): (Valued in US\$)
<b>Total Liabilities (In US\$):</b>

#### AFFIRMATION OF FACT

I, the undersigned guarantee the accuracy of the information provided with the intent that it be relied upon in granting a franchise.

I agree to notify **Stomping Grounds Café** immediately in writing of any material change in my financial situation, it is expressly agreed that **Stomping Grounds Café** may rely on this statement as having the same force and effect as if delivered upon the date the franchise is granted.

The undersigned certifies that each part of the application and financial statements hereof and the information inserted herein has been carefully read and is true and correct.

NAME OF APPLICANT:

PARTNERSHIP APPLICANT NAME(S):

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

THIS IS NOT A CONTRACT AND SUPPLYING OR COMPLETING THIS FORM INCURS NO OBLIGATION ON EITHER PARTY

Page 5 of 6

**WITNESS STATEMENT – Section I**

I witness the signing and submission of this statement by the Franchisee Applicant and state with certainty that he/she has not knowingly withheld any information that might affect his/her credibility.

WITNESS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please attach a copy of the Witness's identification (passport/national id etc)

