

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Franchise Application Form



Head Office 184 Chapel Street, Prahran VIC 3181

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## Franchise Application

**Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Contact Numbers:**    **Work** \_\_\_\_\_ **Home** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Franchise** \_\_\_\_\_ **Preferred Area** \_\_\_\_\_

Submitting this completed Application form confirms your interest in and your intention to conduct thorough due diligence on the Pets Wonderland Franchise Business. Please take your time to answer all questions carefully and honestly, as this Application will form part of our process in assessing your suitability as a Pets Wonderland Franchisee.

Prior to becoming a Franchisee you must be able to show you are financially able to set up and fund the franchise business. This may require written proof from your accountant, bank or financial institution.

While we will be contacting your references to assist us, we will not disclose the nature of your intended proposition.

A deposit of \$1,000 must accompany your application (all monies are banked into a lawyer's trust account and are 100% refundable should you decide not to proceed with your franchise application). Cheques should be made payable to: -

**MNG LAWYERS (TRUST ACCOUNT)**  
**268 Keilor Road, North Essendon, 3041.**

The purpose of this deposit is to establish your bona fides. It is fully refundable should you not proceed for any reason, or we decline your application. Should you be accepted as a Pets Wonderland Franchisee, then this amount will be used to offset some of the legal costs for the preparation of Franchise Documents.

This application is not a contract and is not binding on either party and will be treated as confidential.

# **Pets Wonderland Franchising Pty Ltd**

## **Privacy Statement**

Pets Wonderland Franchising Pty Ltd may obtain information from you that is personal and as such you may be concerned about how your personal information will be used. Pets Wonderland is committed to ensuring the privacy of people who deal with us.

Your personal information is collected for the purpose of assessing your suitability to become a Franchisee of the Franchise business you have made an application for.

We do not collect information about anyone's political or religious beliefs, ethnic background or sexual preferences.

Pets Wonderland takes its obligations to protect an applicant's personal information very seriously and will make every effort to deal only with ethical Franchisors that share and demonstrate this same attitude. Pets Wonderland is committed to keep secure the information that you provide to us.

Pets Wonderland will comply with and abide by all relevant privacy legislation. Pets Wonderland will take all reasonable precautions to protect your personal information from loss, misuse or alteration.

Pets Wonderland recommends that this statement should be considered in the context of the National Privacy Principles. Copy available on request or on the following Web Site, <http://privacy.gov.au/publications/npps01.html> [Extract from the Privacy Amendment [Private Sector] Act 2000]

### **Personal Details**

Surname:

First Name(s):

Date of Birth: (optional)

Marital Status: (optional)

No of Children: (optional)

Ages of Children: (optional)

Residential Address:

Suburb:

State:

Postcode:

No. of Years at Current Residence:

No. of Years at Previous Residence:

Email Address:

Home Phone No.:

Work Phone No.:

Fax No.:

Mobile No.:

How would you rate your Health?

Poor

Average

Good

Do you have any Physical Limitations that may affect your ability to run a business? (optional)

### **Proposed Business Structure**

Sole Proprietor

Partnership

Trust

Company

Please give details:

## **Education & Qualifications**

Secondary School Qualifications:


Tertiary Qualifications:


Other Qualifications:


## **Interests & Hobbies**

What interests do you have?


What hobbies do you have?


Will you be devoting yourself full time to this business?       Yes       No

How many hours per week will you devote to the business?

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How many hours per day?

--

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

If so, how many hours per week?

--

How many hours per day?

--

## **Employment History**

### **Current**

Occupation:

Position:

Company:

Type of Business:

Address:

Length of Time in Current Employment:

Reason for Leaving:

Responsibilities:


### **Previous**

Occupation:

Position:

Company:

Type of Business:

Address:

Contact Person:

Contact No.:

Length of Time in Current Employment:

Reason for Leaving:

Responsibilities:


## **Employment History (continued)**

### **Previous**

Occupation:

Position:

Company:

Type of Business:

Address:

Contact Person:

Contact No.:

Length of Time in Current Employment:

Reason for Leaving:

Responsibilities:

<input type="text"/>
<input type="text"/>

### **Previous**

Occupation:

Position:

Company:

Type of Business:

Address:

Contact Person:

Contact No.:

Length of Time in Current Employment:

Reason for Leaving:

Responsibilities:

<input type="text"/>
<input type="text"/>

## **Business Experience**

Please provide details of existing or past business interests and list most recent first (if applicable).

### **Most Recent**

Trading Name:

Nature of Business:

Trading Address:

Owners:


Percentage Interest:

	%
	%
	%

Commencement Date:

Date Sold or Interest Ceased:

### **Previous/Current**

Trading Name:

Nature of Business:

Trading Address:

Owners:


Percentage Interest:

	%
	%
	%

Commencement Date:

Date Sold or Interest Ceased:

### **Previous**

Trading Name:

Nature of Business:

Trading Address:

Owners:


Percentage Interest:

	%
	%
	%

Commencement Date:

Date Sold or Interest Ceased:

## **Trusts**

If you are the Trustee of a Trust please complete this section and provide a copy of the Trust Deed to Pets Wonderland.

Name of Trust:

Date Trust Established:

Names of Beneficiaries / Unit Holders:

(1)
(2)
(3)
(4)

## **Further Information**

### **Accountant**

Name:

Company:

Address:

Phone No.:

Fax No.:

### **Solicitor**

Name:

Company:

Address:

Phone No.:

Fax No.:

### **Business Advisor**

Name:

Company:

Address:

Phone No.:

Fax No.:

### **Banker**

Contact Name:

Bank:

Address:

Phone No.:

Fax No.:

### References

#### Personal

Name:

Phone No.:

Relationship to You:

#### Personal

Name:

Phone No.:

Relationship to You:

#### Business

Name:

Company:

Position:

Phone No.:

Relationship to You:

### Financial Background

Are you, or have you ever been, bankrupt, the subject of a sequestration order or creditors' petition, or had estate assigned for the benefit of creditors?

Yes

No

If yes, give details including when discharged (if relevant):

  

Are you, or have you ever been, a director or shareholder of a company when it was placed under receivership, official management or administration, or in liquidation?

Yes

No

If yes, give full details:

  

Are you, or have you ever been not creditworthy?

Yes

No

(A person is not credit worthy when suppliers will no longer provide supplies on credit because of the person's past record of bad payment of accounts)

If yes, give details including place and time:

  

Are you, or have you ever been, a director or shareholder of a company when it was not creditworthy?

Yes

No

If yes, give details including place and time:

## Current Financial Position

### Income:

Current Salary / Income (yourself)	\$
Current Salary / Income (partner)	\$
Dividends / Interest	\$
Real Estate	\$
Other Income (specify)	\$
	\$
	\$
	\$

**Total**

### Expenditure:

Mortgage repayments: Home	\$
Mortgage repayments: Investments	\$
Other Loan Repayments	\$
Credit Card Repayments	\$
Telephone / Electricity	\$
School Fees / Expenses	\$
Rates & Taxes	\$
Insurance	\$
Other Expenditure (specify)	\$
	\$

**Total**

## Statement of Assets & Liabilities

Please provide details on the following:

### Assets

Real Estate House living in: current market value	\$
Real Estate Investments: current market value	\$
Cash on Hand and in Financial Institutions	\$
Net Value of Business Interests	\$
Shares / Bonds / Debentures: current market value	\$
Other Assets	\$
	\$

**Total**

### Liabilities

Mortgage Family Home	\$
Mortgage Real Estate Investments	\$
Car Loans	\$
Personal Loans	\$
Other Debts & Obligations	\$
Other Liabilities	\$
	\$

**Total**

## **Convictions & Legal Proceedings**

Place of Conviction:

Year of Conviction:

Type of Offence:

Penalty:

Name of Plaintiff:

Name of Defendant:

Year in which proceedings issued:

Year in which proceedings concluded:

Subject matter of proceedings:

Nature of the judgment awarded for or against you and the quantum of that judgment:


# Tell Us About You

1. Why do you want to buy a Franchise, and in particular what features of this Franchise appeal to you?


2. How would you rate your ability to grasp new concepts?

--

3. List 3 ways you think you can learn more about the Franchised Business?

1)
2)
3)

4. How do you intend to fund the purchase of your Franchise?


5. Why do you believe you are suited to operating a Franchise?


6. Have you ever owned or worked in a business similar to the proposed Franchised Business? \_ Yes      \_ No

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


7. Have you been dismissed from any position of employment? \_ Yes      \_ No

8. Do you understand that in becoming a franchisee you may have to sacrifice holidays to ensure the success and continued growth of your business? \_ Yes      \_ No

9. Why do you want to go into business?


10. Have you set any business goals?  Yes  No

If so please list:


11. Do you understand that as a Franchisee you must comply with the procedures and controls set by the Franchisor in their business system?  Yes  No

12. How would you rate your understanding of Profit and Loss statements of a business?

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13. Do you understand what "Cost of Goods" means? If yes please describe:


14. Have you ever been involved in any sort of stock control for a small business?  Yes  No

15. How many years do you intend to operate the business?  Three  Five  Ten+

16. Do you appreciate that nobody can predict the future of the business, regardless of the track record of the Franchisor?  Yes  No

17. What qualities do you believe will make you successful?


18. What qualities do you have that you believe will be valuable if you became part of this Franchise Network?


19. Will you devote yourself full time to the business?  Yes  No

20. How many hours per day and days per week do you intend to devote to the business?

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If your devoted weekly hours are minimal, please state how you propose to operate the business:


21. Have you ever been in a position of supervising or directing staff?  Yes  No

If yes, please give a brief description?

Three stacked empty rectangular boxes for providing a description.

If no, what do you believe are the important factors in dealing with staff?

Three stacked empty rectangular boxes for listing important factors.

22. Do you believe you have the personal capacity to handle business and staff issues as they arise?  Yes  No

23. Do you have the support of your family in what you are doing?  Yes  No

24. Are members of your family going to be involved in the business from the commencement or in cases where the need arises?  Yes  No

25. If yes, describe, for each family member, their business experience and/or academic qualifications:

1) [Empty rectangular box]

2) [Empty rectangular box]

3) [Empty rectangular box]

26. What are your main strengths?  
[Empty rectangular box]

27. What are your main weaknesses?  
[Empty rectangular box]

28. What factors of the past have contributed most to your own development?  
[Two stacked empty rectangular boxes]

29. Describe in a few words your understanding of what a franchise is:  
[Two stacked empty rectangular boxes]

30. Explain the nature of the Franchisor/Franchisee relationship:  
[Two stacked empty rectangular boxes]



## **Supporting Information**

### **All Applicants**

1. If you propose to operate the Franchise through a company, please provide copies of the company's Constitution and Certificate of Incorporation.
2. If any of the Applicants is a Trustee, please provide copies of the Trust Deed and other related deeds.
3. If you have previously operated your own business, please provide a Profit and Loss and Balance Sheet for the last three (3) years of your most recent business.
4. Please provide a separate signed Confidentiality Agreement for each individual applicant.

## **Application Steps**

1. Once you have completed and signed the APPLICATION FORM please send it back to Pets Wonderland, **184 Chapel Street, Prahran, 3181** and retain a copy to bring with you to your interview appointment.
2. The purpose of this interview is to review the information you have provided and discuss more fully your future business plans. It will also give you an opportunity to ask any further questions you may have.
3. Your application and supporting information will be reviewed by the Franchisor. This will take a approximately one week

### **Declaration**

I \_\_\_\_\_

of \_\_\_\_\_

declare as follows:

- 1. I have answered the questions and provided the information in this form to the best of my knowledge and belief. As far as I am aware, the answers and information are true and correct in all respects and that no relevant details have been omitted.
- 2. I acknowledge that if any information included in this Application is false or misleading in any way the Franchisor shall have the right to terminate any Franchise Agreement entered into on the basis of the information contained in this Application.

I also acknowledge and agree that Pets Wonderland Franchising Pty Ltd as Franchisor:

- 1. is collecting the information contained in this Application to assess my suitability 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2009

\_\_\_\_\_  
Signature of Applicant/Person to be approved.