

APPLYING FOR:
 BAKESHOP
 FULL STORE
 OTHERS

GOLDILOCKS BAKESHOP, INC.
FRANCHISE APPLICATION FORM



PERSONAL INFORMATION

In order for Goldilocks to commence processing your franchise application, you must complete the following questionnaire in its entirety and have each investor/partner fill out separate application

Name (in full)				
(Surname) _____		(First Name) _____		(Middle Name) _____
Residential Address (in full) _____		Years of stay _____		Age _____
Do you <input type="checkbox"/> own home or <input type="checkbox"/> rent or <input type="checkbox"/> live with family / relatives				
Home tel. no. _____		Fax No. _____		E-mail _____
Mobile Phone _____				
Office Address in full _____				
Office tel. no. _____		Fax No. _____		E-mail _____
Civil Status _____	Citizenship _____	Tax Identification No _____	SSS No. _____	Passport No. _____
Date of Birth _____	Place of Birth _____	Religion _____	CTC NO. _____	Date and Place of Issue _____
Name of Father & Mother (Family Name First Name Middle Name)			Age _____	Occupation / Business _____
<i>Father</i>				
<i>Mother</i>				
Name of Spouse (Family Name First Name Middle Name)			Age _____	Occupation / Business _____
Business/Office Address _____		Tel. No. _____		E-mail _____
Name(s) and age(s) of children				

Describe any physical disability or health limitation				

<p>◆ Have you ever been convicted of any crime? ____Yes ____No If yes, please give details.</p> <p>_____</p> <p>_____</p>				
<p>◆ Has any legal judgment ever been entered against you or your company or your employer where you were one of the litigants? ____Yes ____No If yes, please give details</p> <p>_____</p> <p>_____</p>				
<p>◆ Are you involved in any pending litigation? ____Yes ____No If yes, what is the case?</p> <p>_____</p> <p>_____</p>				
<p>◆ Have you ever declared personal / company bankruptcy? ____Yes ____No If yes, please give details.</p> <p>_____</p> <p>_____</p>				

EDUCATIONAL BACKGROUND

Name and address of school	Inclusive years	Degree completed	Awards
High School			
College			
Post Graduate			
Previous seminars / training attended / completed			
<u>Inclusive dates</u>	<u>Name of Training / Seminar</u>	<u>Conducted by</u>	

BUSINESS EXPERIENCE

Please indicate business/es currently operating and those, which closed, if any within the past 5 years. You may use additional sheets if necessary.

Present Business	Position	Years in Business
Business Address (in full)	Tel. No.	Fax No.
E-mail		
<u>Nature of Business</u>		
<input type="checkbox"/> <u>Family owned enterprise</u> <input type="checkbox"/> <u>Private corporation</u>		

Past Business/employment experience (Give last position first)

Date of employment or start of business	Name of Company	Type of Business	Position held
Address		Tel. No.	
Describe duties/responsibilities			No. of employees supervised
Reason(s) for leaving /closure			
Date of employment or start of business	Name of Company	Type of Business	Position held
Address		Tel. No.	
Describe duties/responsibilities			No. of employees supervised
Reason(s) for leaving /closure			
Date of employment or start of business	Name of Company	Type of Business	Position held
Address		Tel. No.	
Describe duties/responsibilities			No. of employees supervised
Reason(s) for leaving /closure			

SOCIO – CIVIC AFFILIATION

Membership in socio-civic organization / clubs / homeowners associations (Pls. Indicate name and address of organization)			
Name	From – To	Address	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

PERSONAL FINANCIAL BACKGROUND

In order for us to evaluate your personal / corporate ability to fund a Goldilocks franchise, please specify source of funding for the project.

Financial Assets		Liabilities	
Cash (in bank)	P	Notes payable to any bank (please itemize)	P
Notes and accounts due me	P		
Inventory	P		
Marketable stocks/bonds	P		
Statement of assets and liabilities	P		
Total Current Assets	P		
Real estate	P	Notes payable to others	P
Machinery and equipment	P	Taxes payable	P
Other stocks and bonds	P	Other liabilities due within one year	P
Automobiles, make and year	P	Total Current Assets	P
Cash surrender value-life insurance	P	Real estate mortgage	P
Other assets	P	Notes and bills payable after one year	P
Other non-life current assets	P	Total non-current liabilities	P
Total Assets	P	Net worth	P
		Total liabilities and net worth	P

Can you personally meet Goldilocks' financial requirements? _____ YES _____ NO From what source?
 Please specify. (You may use additional sheets if necessary)

Total capital available to invest in a Goldilocks Franchise Store Outlet:

SCHEDULE A: CASH & SHORT TERM INVESTMENT

(Certificates of deposit, commercial paper, money market funds, etc.)

Name of institution	Saving Accounts (amount)	Checking Accounts	Other short term investments (Type & amount)	Total	Pledged? Yes/No

SCHEDULE B: STOCKS AND BONDS

No. of shares or face value	Description	Market Value	Cost	Pledged Yes/No

SCHEDULE E: INSURANCE: (Life and Non Life)

Type Insured	Name of Insurance Company	Owner of Policy	Beneficiary/ies	Face Value Amount	Policy Loans	Cash Surrender	Assigned? Yes/No

SCHEDULE F: NOTES AND ACCOUNTS PAYABLE

Name of Creditor	Original Amount of Loan	Payment/Repayment Terms	Maturity Date	Description of Collateral (If any)	Balance Owing

SCHEDULE G: VEHICLE

Brand	Model	Purchase Date

OTHER INFORMATION

1.) If you are currently employed, or have other business / family concerns, how do you plan to manage the store considering the fact that you will be asked by Goldilocks to attend meetings, participate at franchise activities or undergo trainings? If you are not from Manila, are you willing and able to attend such activities in Manila?

2.) Do you have any existing contractual business affiliations that may limit your involvement in a Goldilocks franchise store? Please give details.

3.) Do you, your family (*related by blood or by marriage*) or your business partners currently own a franchise business or own a business which competes with Goldilocks? YES NO.
If yes, please state the franchisor's name, company name, nature of business, date granted, number of stores and their addresses.

4.) If in the past you owned a franchise business, please state the franchisor's name, nature of business, date granted, and the store address. Please indicate the reason for ending the franchise.

5.) Are you / or your family related by blood or marriage to any Goldilocks employee or franchisee Managing Director? YES NO. If yes, please give details.

6.) Are you / or your present employer providing products, goods or services to Goldilocks? YES NO. If yes, please give details.

7.) If you will be granted a franchise, who will have the equity in the franchise store? To what extent?

	<u>Name</u>	<u>Relationship</u>	<u>% Share</u>	<u>Responsibility</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

8.) Do any of the above -listed stockholders / spouse / relatives (*related by blood or marriage*) own a share / interest in another franchise bakeshop / fastfood restaurant? YES NO. If YES, please give details.

9.) How much time will you spend in the management of a Goldilocks store? Daily - (no. of hours) _____ Weekly - (no. of days) _____
10.) Do you or your family (<i>related by blood or marriage</i>) have any pending application for other bakeshop / fast food franchise? _____ YES _____ NO. If YES, please give details of your application. _____ _____ _____
11.) How soon can you invest and enter into a Goldilocks franchise agreement? _____ _____

LOCATION REFERENCE

12.) What specific geographical area/site are you interested in? What is the potential of this site? What do you know about the surrounding establishments? Where will your potential customers be coming from? (Please fill up the attached Site Information Sheet) _____ _____ _____ _____ _____
13.) For the above site will you build or lease? _____ _____

REFERENCES

Bank / Credit References (Please indicate contact person/s where accounts are held)

<u>Name</u>	<u>Address & Tel. No.</u>	<u>Contact Person</u> <u>How long known</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Personal References (exclude relatives)

<u>Name</u>	<u>Address & Tel. No.</u>	<u>How long known</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Supply and Trade references

<u>Name of Supplier</u>	<u>Company Address</u>	<u>Tel. No.</u>	<u>Product/Services</u> <u>Contact Person</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CERTIFICATION

By signing below, I confirm that all the information given by me in this thirteen-page form is current, true and correct.

I hereby authorize GOLDILOCKS BAKE SHOP INC. to verify and investigate the undersigned from whatever source deemed appropriate.

I fully understand that falsifying any information contained herein is sufficient ground for rejection of my application or termination of any contract that may hereafter be executed between GOLDILOCKS BAKESHOP INC. and the undersigned franchise applicant.

I understand that the filling of this application does not obligate the applicant to purchase or GOLDILOCKS BAKESHOP INC. to grant a franchise

Signature of applicant

Date

I authorize Goldilocks Bakeshop, Inc. to obtain such information as may be required concerning the statements contained in this application and agree that the application shall remain Goldilocks Bakeshop, Inc. property whether or not the franchise is granted. The undersigned certifies that the statements and information furnished in this Franchise Application are true and complete. It is farther understood that the Franchise Application is not a contract and this form incurs no obligation in any manner or either party.

Signature

Date

AUTHORIZATION

Date: _____

In connection with my application for a franchisee with Goldilocks Bakeshop, I hereby authorize Goldilocks Bakeshop, Inc. or its agent, to contact any present or past employer, school, financial institution, law enforcement agency, reference or any other person, firm or corporation. I authorize and request any of the firms or persons contacted to provide all information concerning me and I hereby release said firms, institutions and their agents and employee from all liability and responsibility from releasing this information concerning my school work, my work habits, character or skill, credit history or criminal history Goldilocks Bakeshop, Inc. agrees to maintain and restrict the use of this information in connection with my Franchise Application.

I am willing and request that a Photocopy of this Authorization be accepted with the same authority as the original

Print Name: _____
Signature: _____
Date: _____

ATTESTATION OF FINANCIAL DATA

The statement in this application of all my assets and liabilities is made as of the _____ day of _____ 20____. I hereby attest the accuracy of my financial data and authorize Goldilocks Bakeshop, or their authorized agent(s) to verify any and all data submitted, and to make any additional credit checks they deem necessary.

I further authorize Goldilocks Bakeshop Inc. or its agents to release to perspective financial sources such financial and other information concerning me/us in their files as may be requested.

Signature of applicant

Date

Support Documents Needed

1. NSO Certified birth certificate
2. Marriage Contract
3. School Certificates / Diplomas
4. Employment records (certification of employment)
5. NBI Clearance
6. Audited Income Tax Returns / Balance Sheets (for last 3 years)
7. If with past legal cases, present court resolution
8. Personal references / certifications / testimonials
9. Socio-Civic affiliation certification
10. Bank Certifications