

# LITTLE CORNER BREADSHOP APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long in that address? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If married, spouse name: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Employment or Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### Employment or Business Experience

From	to	Company	Position	Annual Income
------	----	---------	----------	---------------


Have you ever been self-employed? (Describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently own any franchise business? (Describe)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever:

- Been convicted of anything other than a minor traffic offense?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, to any, please describe:

---

---

---

---

Education:

---

---

---

---

Business References:

Name	Title	Company	City	Phone

Financial Data

Your Personal Bank:

Contact:

---

---

---

Address:

City:

Phone:

---



---



---

Your Business Bank:

Contact:

---



---



---

Address:

City:

Phone:

---



---



---

### Income Summary

Your Salary	PhP
Bonuses and Commissions	PhP
Spouse's Income	PhP
Dividends	PhP
Interest	PhP
Other Income (describe)	PhP
Total	PhP

Financial Statement (Personal and Confidential)

Assets Amount	PhP Amount	Liabilities	PhP
Cash	_____	Mortgage Principal	
Residence	_____		
Receivables	_____	Other Mortgages Payable	
Securities	_____		
Sheltered Retirement Assets	_____		
Principal Residence	_____		
Other Real Estate Owned	_____	Notes Payable	
	_____	Contingent Notes	
	_____	Mortgages Payable	
	_____	Other Payables, Credit	
Personal Property	_____	Cards _____	
	_____	Taxes Payable	
Net Worth of Business Owned	_____	Other Liabilities	
Vehicles and Equipment	_____	Life Insurance Cash	
	_____	Value _____	
Other Assets	_____	Total Assets	_____
	_____	Total Liabilities	_____
	Total Assets		Net Worth
	_____		_____

Management Plans

Are there any investor/associates who would join you in this venture?

Name:

---

---

---

---

---

How do you propose to finance your investment?

---

---

---

---

---

Will you be comfortable on the new kind of lifestyle like waking up early and staying late especially during the first year of bakeshop operations?

---

---

---

---

Do you have the time to manage this business?

---

---

---

---

Can you handle the stress associated with running a bakeshop?

---

---

---

---

If and when you realize the returns of the franchised branch is not as you projected, what will you do?

---

---

---

---

When you are told that your branch is not in compliance with the Franchisor's Manual, what will be your first reaction?

---

---

---

---

---

How would you handle problem employees?

---

---

---

---

---

Are there people or employees that have worked with you for over 3 years now? Who are they and how long have they worked for you?

---

---

---

Do you believe and accept that a franchise does not guarantee success and profitability? Why?

---

---

---

---

---

Authorization and Release: I authorize LITTLE CORNER BREADSHOP FRANCHISE CORPORATION to conduct certain background investigations. I authorize all appropriate individuals, companies, institutions or agencies to release information to LITTLE CORNER BREADSHOP FRANCHISE CORPORATION. I understand and waive any right of privacy I may have in this investigation and the information released. I understand that a photocopy of this authorization would be accepted with the same authority as the original. All information will remain strictly confidential.

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