



FRANCHISEE Information Sheet

Name (in full)				
Surname	First Name	Middle Name	Age:	
Residential Address:				
Company Name:			Position:	
Office Address:				
Office Tel no:	Fax No:	Mobile No:	Home Tel No:	Email Address:

I. Business Experience

(Please indicate business/es currently operating and those, which closed, if any within the past 5 years use space below if necessary)

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

II. OTHER INFORMATION

I plan to operate the Franchise store :
<input type="checkbox"/> As an individual <input type="checkbox"/> with a partner <input type="checkbox"/> Corporation
When acquiring the Franchise, I will: (Please explain details below)
<input type="checkbox"/> be actively involved in the business <input type="checkbox"/> assign a Manager to handle store operations

III. LOCATION REFERENCE

Please indicate your proposed site.

For the above site proposal will you build or lease?

*Please email this filled up form to franchising@tokyotokyo.ph