

## **PACIFIC RETAIL MANAGEMENT FRANCHISING GROUP FRANCHISE PARTNER APPLICATION FORM**

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**Which concept/franchise are you applying for?  
(please tick)**

- Go Sushi**
  - Love Coffee & Crepes**
  - Kick Juice Bars**
  - Beard Papa Sweets**
  - Master Franchise**
  - International Franchise**
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**PACIFIC RETAIL MANAGEMENT**  
**FRANCHISE PARTNER APPLICATION FORM**

Pacific Retail Management is committed to strong branding, excellent products, happy customers and great relationships with, and within the Pacific Retail Management franchise network.

To continually achieve these goals, our relationship with our franchise partners is paramount, from start-up to the long term ownership of a Pacific Retail Management Franchise business.

Essentially we need to know that the people that join the Pacific Retail Management Franchise network are as committed to the above goals as we are, and that you will have every chance to prosper.

Attached you will find an application form. The attached application is provided to you, "the Applicant", by Pacific Retail Management Pty Ltd ("**Pacific Retail Management**") in order to establish your suitability as a Pacific Retail Management Franchisee.

Throughout the application process you may be requested to produce proof of your financial situation, and Pacific Retail Management may contact your referees to assist in evaluating your application.



**PACIFIC RETAIL MANAGEMENT  
APPLICANT INFORMATION**

**1. Who will be the owner of the proposed Pacific Retail Management franchise?**

Please tick:

- Trust – go to **2.a** and **3**
- Pty Ltd Company – Fill in **2.b** and **3**
- Ltd Company – Fill in **2.b** and **3**
- Sole Trader - go to **3**
- Partnership - go to **3**

**2. Owner Details**

**2.a Trusts**

(If any Applicant is the trustee of a Trust, a copy of the Trust Deed must be provided to Pacific Retail Management)

Name of Trust: \_\_\_\_\_

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

Names of beneficiaries / unit holders: \_\_\_\_\_

**2.b – Pty Ltd Company or Ltd Company Details**

Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Registered Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

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

\_\_\_\_\_ P/Code: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**3. Sole Traders/Partnerships Individuals and/or directors of the above company**



**How many applicants are there for this franchise business? \_\_\_\_\_**

- *Each shareholder, director and partner must fill in an application form, sign the attached declaration and attach supporting information.*
- *Additional application forms are available, if required.*

**Applicant 1**

- Answer questions A – F
- Sign the attached declaration,
- Attach supporting information as set-out on the last page of this document.

**A. Personal Details**

Full Name: \_\_\_\_\_

Private Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

D.O.B \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Drivers Licence: \_\_\_\_\_

Position:

Sole Trader / Partner / Director / Shareholder

Ownership % of business: \_\_\_\_\_

Weekly hours working in/on business: \_\_\_\_\_



**B. Skills and Experience**

Other Roles/Directorships/Business Interests (name of business and role):

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Educational / Personal Qualifications:

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Experience in sales, retailing or management: *(please provide details of role and responsibilities, name and type of business)*

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Have you been dismissed from any position of employment?

**Yes/No**

If yes, please provide details:

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**C. Additional Information:**

	<b>Your Accountant</b>	<b>Your Banker</b>	<b>Your Solicitor</b>
<b>Contact Name</b>			
<b>Business Name</b>			
<b>Business Address</b>			
<b>Phone</b>			
<b>Mobile</b>			
<b>Email</b>			

**Work References:**

1/  
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

2/  
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

3/  
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



**D. Legal Background**

<ul style="list-style-type: none"> <li>▪ Have you had any conviction against you personally in any state or territory of Australia or New Zealand?</li> </ul>	<b>Yes / No</b>
<ul style="list-style-type: none"> <li>▪ Have you had any legal or administrative proceedings against your or any company you have been a director or shareholder of, whether or not in Australia?</li> </ul>	<b>Yes / No</b>
<ul style="list-style-type: none"> <li>▪ 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?</li> </ul>	<b>Yes / No</b>
<ul style="list-style-type: none"> <li>▪ 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?</li> </ul>	<b>Yes / No</b>
<ul style="list-style-type: none"> <li>▪ Are you, or have ever been non creditworthy?</li> </ul>	<b>Yes / No</b>
<ul style="list-style-type: none"> <li>▪ Are you, or have you ever been a director or shareholder of a company when it was not creditworthy?</li> </ul>	<b>Yes / No</b>

**If you answered yes to any of the above, please provide full details:**

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**E. Financial Information**

**Income / Expenditure**

<b>Current Monthly Income</b>	<b>Monthly \$Net</b>	<b>Current Monthly Expenditure</b>	<b>Monthly \$Net</b>
Salary		Mortgage Payments/Rent	
Bonus / Commissions		Loans/leases – car / boat / furniture / personal	
Dividends / Interest		Living Expenses – phone / electricity / medical / entertainment	
Real Estate Income		Insurance	
Other (please specify)		Credit Card Repayments	
		Other (please specify)	
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**Statement of Assets and Liabilities**

<b>Assets</b>	<b>Value</b>	<b>Liabilities</b>	<b>Total Owing</b>
House Investment Property		Mortgage 1/ Mortgage 2/	
Car/s		Leases	
Boat		Loans	
Shares		Margin Loans	
Cash on hand		Credit Cards	
Other (please specify)		Other (please specify)	
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>



**F. Questionnaire**

Why do you believe you are suited to operating a Pacific Retail Management Outlet/Franchise?

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Have you ever owned or worked in a business similar to the proposed Pacific Retail Management franchised business?

**Yes/No**

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

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Are you prepared to sacrifice holidays, and/ or weekends to which you may have become accustomed until you have established your business and level of training to the satisfaction of Pacific Retail Management?

**Yes/No**

Why do you want to go into business?

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Are you prepared to comply with the procedures and controls set by Pacific Retail Management?

**Yes/No**

How many years do you intend to operate the business?

- Three
- Five
- Ten

Do you appreciate that nobody can predict the future of the business, regardless of the track record of the Franchisor?

**Yes/No**



Why do you think you will be successful?

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What qualities do you have that you believe are valuable if you became part of the Pacific Retail Management Franchise network?

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Will you devote your full time to the business?

**Yes/No**

If yes, how many hours per day, and days per week?

If no, please state how you propose to operate the business:

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Will you be able to handle, supervise and direct staff?

**Yes/No**

If no, how will your business handle these issues?

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Do you have the personal capacity to handle business and staff problems if they arise?

**Yes/No**

If no, how will the business handle these issues?

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Do you know what a Franchise is? Explain:

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Explain the nature of the Franchisor/Franchisee relationship:

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Are you comfortable about the idea of working in co-operation with Pacific Retail Management, and do you accept that a number of disciplines exist in a franchise system, in particular working under the direction and guidance of the Franchisor?

**Yes/No**

Do you know that a Franchise is only granted for a defined period at the end of which the Franchisor is not obliged to renew unless there is an express provision for renewal in the Franchise Agreement?

**Yes/No**

As well as obtaining legal, accounting and financial advice with respect to the Franchise Agreement, do you intend to read it yourself?

**Yes/No**

Are you aware certain information provided and/or advised to you is confidential and shall not be divulged to any third person unless Pacific Retail Management gives its prior approval?

**Yes/No**

Please advise what representations have been made to you and by whom?

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Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity?

**Yes/No**

How would you cope with unexpected losses as the business is building and any other set-backs?

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How/where did you hear about us, and are you happy with the quality of communication so far?

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Any final comments?

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**DECLARATION**

I/We \_\_\_\_\_ of \_\_\_\_\_

declare as follows:

I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects, and that no relevant details have been omitted.

I/We acknowledge that if any information included in this Application is false or misleading in any way Pacific Retail Management Franchising Group Pty Ltd shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I/We also acknowledge and agree that Pacific Retail Management Franchising Group Pty Ltd:

1. is collecting the information contained in this Application to assess whether I/we should be considered 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.

1/ Signature \_\_\_\_\_ 1/ Print Name \_\_\_\_\_

2/ Signature \_\_\_\_\_ 2/ Print Name: \_\_\_\_\_

3/ Signature \_\_\_\_\_ 3/ Print Name: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_



## **CHECKLIST FOR YOUR APPLICATION ALL APPLICANTS:**

### ***If you are a company:***

**Attach:**

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- Copies of the company's Constitution and Certificate of Incorporation.
- Send all documents to David Hill, PO Box 1086, Rozelle, NSW, 2039

### ***If you are a sole trader, a partnership or individuals***

**Attach:**

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- Send all documents to David Hill, PO Box 1086, Rozelle, NSW, 2039

### ***If you are a Trust***

**Attach:**

- Fully completed application form for all applicants.
- Completed and signed declaration forms for all applicants.
- Copies of the Trust Deed and other related deeds.
- Send all documents to David Hill, PO Box 1086, Rozelle, NSW, 2039.

### ***Notes:***

Upon approval you may need to provide additional information such as:

- If you have previously operated your own business, a Profit and Loss and Balance Sheet for the last two (2) years of your most recent business.

