



## FRANCHISE APPLICATION

Name of Applicant	
Date of Application	
Applied Franchise Location	
Other Areas of Preference	

*Sketch of the proposed location:*

# Personal Information

MOST RECENT 2" X 2" ID pic taken within a month ago	MOST RECENT 2" X 2" ID pic taken within a month ago
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Name (last, first, middle)	
Residence Address	
Years of Residence	
Tin #	
SSS # or GSIS#	
Community Tax Cert # with date and place issued	
Landline Number	
Fax Number	
Mobile Number	
E-mail address	
Alternate E-mail Address	
Birth Date	
Birth Place	
Age	
Sex	
Height	
Weight	
Civil Status	
Name of Spouse	
Name and ages of Children if any:	

# Educational Background

	School	Degree/Course	Year Graduated
PhD			
MBA			
Course			
High school			
Elementary			

# Employment/Business Background

Occupation/Job Title			
Company			
Years Employed with Present Job			
Contact Number at Work			
Other Businesses	Nature of Other Business	Years in Operation	Position

# Franchise Plan

Amount of capital available	
Is this your first time to apply for a Waffle Time Franchise?	
If no, give details of your previous application and the proposed location/ area.	
<p>Will the franchise be owned and operated by:</p> <p> <input type="checkbox"/> Sole proprietorship                <input type="checkbox"/> Group or Partnership                <input type="checkbox"/> Corporation         </p>	
<p> <input type="checkbox"/> Are any of your assets pledge?  <input type="checkbox"/> Have you ever declared personal bankruptcy?  <input type="checkbox"/> Have you ever been involved in any law suits?  <input type="checkbox"/> Have you ever been charged of anything other than minor traffic violations?  <input type="checkbox"/> Has any judgment ever been entered against you or your company or your employer where you were one of the litigants?         </p> <p>If yes, to any of the above, please give details and inclusive dates (use additional pages if necessary)</p>	

## Personal References

Name	Company/Address	Contact Number/E-mail Add

# Credit References

List of bank and branch/savings account or other existing account and other source of capitalization for Franchise

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

## APPLICANT'S DECLARATION

I hereby certify that the information provided on this application form and all other attachments, such as clearances, certificates and other required documents are certified true, genuine and correct and was voluntarily given for the purpose of my franchise application for Waffle Time Inc. Any false or incomplete information on this form may invalidate this application.

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Print Name and Signature of Applicant/Date Applied