



FRANCHISE APPLICATION

The purpose of this RJ's Famous Rib Steakhouse application is to provide information for a preliminary evaluation of the applicant(s) by RJ'S Famous Rib Steakhouse Group(Pty)Ltd .The application must be completed by each member / partner or shareholder where the potential franchisee is not a sole proprietor.



APPLICANT INFORMATION

Area of Intent:

- Town : _____
- Suburb : _____

Entity Name: _____

Type of entity :

- ☐ Individual Proprietor
- ☐ Limited Liability
- ☐ Close Corporation
- ☐ Trust
- ☐ Other Specify: _____

The appropriate articles of incorporation; trust deed; ck docs must be submitted with a copy of all members/directors ID documents.

Please provide below the name of a principal contact to whom all correspondence should be addressed and who has authority to act as the applicant.

Name: _____ Home number: _____

Fax Number: _____

Cell Number: _____

Email Address: _____

Date of Birth: _____ I.D. Number: _____

Marital Status: _____ Name of Spouse; _____

Dependants: _____

Residential Address : _____

_____ Code: _____

Postal Address : _____

_____ Code: _____

Are you a South African citizen? Yes ☐ No ☐

If not, what is your status? _____



EMPLOYMENT RECORD

Current Employer: _____
Physical Address: _____
Postal Address: _____ Code: _____
Phone No: _____ Fax No: _____
Position Held: _____
Date Started: _____
Please attach C.V. Yes ☐ No ☐

If employed less than 5 years supply info on previous employment:

Previous Firm: _____
Physical Address: _____
Postal Address: _____ Code: _____
Phone No: _____ Fax No: _____
Position Held: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____

Previous Firm: _____
Physical Address: _____
Postal Address: _____ Code: _____
Phone No: _____ Fax No: _____
Position Held: _____
Date Started: _____ Date Left: _____
Reason for Leaving: _____



FINANCE ARRANGEMENTS

How do you plan to finance the construction, equipment and other costs associated with opening your restaurant? _____

Have you ever owned your own business/franchise? If yes, please provide details. _____

PRINCIPALS / MANAGEMENT

Investor-Associates who will join you in this venture.

Full Name:	_____	Nationality:	_____
I.D. Number:	_____	Marital Status:	_____
Name of Spouse:	_____	Dependants:	_____
Address:	_____		
		Code:	_____

Cell Number:	_____	Home Phone No:	_____
% Ownership:	_____		

Investor-Associates who will join you in this venture.

Full Name:	_____	Nationality:	_____
I.D. Number:	_____	Marital Status:	_____
Name of Spouse:	_____	Dependants:	_____
Address:	_____		
		Code:	_____

Cell Number:	_____	Home Phone No:	_____
% Ownership:	_____		



ADDITIONAL QUESTIONS

1. Do you expect to devote your full-time attention to this business?

2. If not full-time, what percentage?

3. Will you employ a full-time Manager / Partner?

4. Percentage shareholding (if any) of partners and operators? _____

Name: _____ (%) : _____

Name: _____ (%) : _____

5. When will you be able to start this venture? _____

6. Will you be operating the franchise as a:

- Company _____
- Partnership _____
- CC _____

If yes, please include full business name and address of company, partnership or closed corporation and include company registration or CK number:

7. Please provide details of the experience you have in the food industry:



FINANCIAL INFORMATION

Please complete the following as comprehensive as possible and to include all supporting documents.

<u>ASSETS</u>	<u>CURRENT VALUE</u>
Cash on Hand	R
Life Insurance, Cash Surrender Value	R
Other Stocks and Bonds	R
Real Estate	R
Automobiles Registered in Own Name	R
Other Assets (Please attach Detail)	R
TOTAL ASSETS	R

<u>LIABILITIES</u>	<u>CURRENT VALUE</u>
Accounts Payable	R
Interest Payable	R
Bond Payable on Real Estate	R
Other Liabilities (Please attach Details)	R
TOTAL LIABILITIES	R

<u>TOTAL VALUE ASSET BASE</u>	R
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<u>SOURCE OF INCOME</u>	<u>CURRENT VALUE</u>
Salary	R
Bonus & Commissions	R
Dividends	R
Real Estate Income	R
Other income – Itemize	
<u>TOTAL</u>	R

ADDITIONAL SCHEDULES

<u>BANKING RELATIONS</u>	
LOCATION OF BANK	R
BANK ACCOUNT NUMBER	R
CASH BALANCE	R
OUTSTANDING LOANS	R
MATURITY OF LOANS	R
HOW SECURED	R

LOCATION INFORMATION

Location:

Street : _____

City : _____

Site:

Size of facility : _____

Approximate rent if applicable : _____

Please enclose with this application, ground level photographs of the site, a city and/or area map with the site properly marked, or any other additional available material.



Site is controlled by :

- ☐ Ownership
- ☐ Lease
- ☐ Lease option
- ☐ Contract to purchase
- ☐ Other
- Title holder:_____
- Expire date:_____
- Option expires:_____
- Anticipated closing date:_____
- Explain:_____

It is important that the applicant must control the site. If this application is successful a copy of the deed, lease, option or other contract must be submitted.

FACILITY PROFILE

Approximate area available for:

Reception/Cashier	_____m2
Bar if applicable	_____m2
Seating area	_____m2
Kitchen area	_____m2
Cold room	_____m2
Dry store	_____m2
Lounge	_____m2
Play zone	_____m2
Terrace	_____m2
Number of seats in restaurant	_____

Please enclose a plan of the proposed site, layout sketches or any other available material.



COMPETITIVE INFORMATION

Identify all restaurants in the market area surrounding the proposed site, specifically including those within a two-kilometer radius of the site. Locate these facilities on the appropriate map to be enclosed with this application.

Entity Name	Distance	Age	Size
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Please specify the approximate mix of anticipated clients.

	LUNCH	DINNER
Couples	_____ %	_____ %
Businessmen	_____ %	_____ %
Family's	_____ %	_____ %
Group's	_____ %	_____ %
Walk ins	_____ %	_____ %
Average spending per head	R_____	R_____

Expected turnover: _____ Anticipated Opening Date: _____

Month 1	R_____
Month 2	R_____
Month 3	R_____
Month 4	R_____
Month 5	R_____
Month 6	R_____
Annually	R_____



MANAGERS PROFILE

Proposed Manager: _____

Previous experience (in short) _____

What equity will manager have (if any)? _____ %

NB: Please attach a comprehensive CV for the manager to this application

I, the undersigned hereby declare that the above information, as well as that submitted on the statement of assets and liabilities, is to the best of my knowledge correct. I hereby agree that RJ's Head Office may carry out a credit reference enquiry.

Applicants agree to an upfront fee of R12 500 (incl) to cover all the relevant costs the Franchisor will incur during site visits and due diligence (As per the Franchise Enquiry document).

Signature of Applicant: _____

Full Name: _____

Date: _____

Witness: _____

Application Fee : R12 500-00 (incl) is enclosed



Please attach the following information as per FICA requirements

1. Six months bank statements.
2. Last six VAT returns.
3. Three years audited balance sheet.
4. Three years management accounts (monthly).
5. List of current creditors, details and value of outstanding accounts.
6. Statements for lease/HP equipment.
7. Copy of all company documents (CK/Trust/etc)
8. Copies of ID (including wife or spouse)
9. Copy of current lease agreement and current rental statement.
10. Copies of all trading and liquor licenses.
11. Copy of site plans.
12. Picture of shop and kitchen and all surrounding areas.
13. A business plan detailing the need for re-branding.
14. Financial details regarding funding of re-branding.

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