



Franchisee Application Form

The information you provide will be held strictly confidential, and completion of this form in no way constitutes any actual or implied obligation on the part of Taters Enterprises Inc. or the applicant. We encourage you to share any relevant information and include/attach anything that you find will make your candidacy stand out as a potential franchisee. We want the very best and most dedicated people to be a part of Taters Enterprises Inc. franchise system. If you are planning to have a business partner or investor, he/she should complete a separate application form and submit it in along with yours. Thank you again for your interest.

PERSONAL INFORMATION

Name of Franchise \_\_\_\_\_ Location: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_

☐ Owned ☐ Rent ☐ Live with Spouse / Relatives ☐ Live with Friends

Home Phone: \_\_\_\_\_ Mobile Phone/s: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address/s: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TIN #: \_\_\_\_\_ CTC #: \_\_\_\_\_ Date/Place Issued: \_\_\_\_\_

Name of Last Educational Institution Attended: \_\_\_\_\_

Major / Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Number of Children: \_\_\_\_\_ (Please indicate name, age, and current occupation)

	Name	Age	Occupation
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

Other Dependents (pls specify): \_\_\_\_\_

Will there be any other partners in this business? ☐ Yes ☐ No

1 Name / Contact #: \_\_\_\_\_ / \_\_\_\_\_  
2 Name / Contact #: \_\_\_\_\_ / \_\_\_\_\_  
3 Name / Contact #: \_\_\_\_\_ / \_\_\_\_\_  
4 Name / Contact #: \_\_\_\_\_ / \_\_\_\_\_

Note: If you do have a partner/s, a separate application form will need to be submitted for each partner.

Have you ever owned your own franchise or any other type of business? ☐ Yes ☐ No

Business name (1): \_\_\_\_\_ Duration \_\_\_\_\_

Address: \_\_\_\_\_ Number of employees \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business name (2): \_\_\_\_\_ Duration \_\_\_\_\_

Address: \_\_\_\_\_ Number of employees \_\_\_\_\_

Type of Business: \_\_\_\_\_



EMPLOYMENT HISTORY

Present Employer

May we contact your present employer/s? ☐ Yes ☐ No

Current Employer: \_\_\_\_\_ Name of Superior \_\_\_\_\_

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

Contact No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Started (year): \_\_\_\_\_ to \_\_\_\_\_

Other Benefits \_\_\_\_\_

Description of Work / Duties and Responsibilities: \_\_\_\_\_

Previous Employers

Previous Employer: \_\_\_\_\_ Name of Superior \_\_\_\_\_

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

Contact No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Benefits \_\_\_\_\_ Started (year): \_\_\_\_\_ to \_\_\_\_\_

Description of work / Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Business / Character References

Name	Address / Contact No.	Relationship
_____	_____/_____	_____
_____	_____/_____	_____

FINANCIAL INFORMATION

(Note: Additional financial information may be required upon request.)

Please indicate the amount of capital you can allocate to buy this franchise P\_\_\_\_\_

How much is the cash down payment you can make for a franchise? P\_\_\_\_\_

Total Monthly Income

Current Net Monthly Income

Salary: \_\_\_\_\_

Spouse's Salary: \_\_\_\_\_

Other Income: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_

Financial References

Name (1): _____	Name (2): _____
Company: _____	Company: _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____



If the required amount is not available, how will the investment be obtained? Thoroughly explain the strategies you have for obtaining the required funds. Use a separate sheet if necessary:

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**Business Goals**

In order of priority, list which specific types of business you prefer to become involved with.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

When do you want to start your franchise operation? \_\_\_\_\_

How did you become interested in this particular franchise? \_\_\_\_\_

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**Your Personal and Professional Goals**

What are your (realistic) goals three years from now? \_\_\_\_\_

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What are your (realistic) goals five years from now? \_\_\_\_\_

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State your reasons for believing you will be able to successfully operate one of our franchises:

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Are there any concerns / disadvantages to owning one of our franchises? If so, please state your concerns:

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I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Taters Enterprises Inc. or its affiliates or agents to conduct any necessary credit and/or background checks. I understand that any false information or consequential omission contained in this application would be cause for immediate terminations of any reached between myself and Taters Enterprises Inc.

The submission of this application does not obligate me in any way or manner.

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Signature

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Date

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Print Name