



Franchise Application

New Zealand

Name _____

Date _____

Thank you for considering ZUMO Coffee Company.

Your complete and careful completion of this form is instrumental for our consideration in granting Licenses. Submission of an application places no obligation on either you or ZUMO.

First Name _____ Surname _____

Home Address:

Work Address:

Work No _____

Mobile No _____

Email _____

What location(s) do you currently operate your business in?

What location(s) would you like to operate ZUMO Stores?

Secondary Education and Professional Qualifications

Course	Qualifications	Year	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Higher Education and Professional Qualifications

Course	Qualifications	Year	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your hospitality industry experience and retailing business set up experience

Provide some examples of how you set up a business to deliver world class customer service

How much unencumbered, liquid assets do you have available to invest in this business (minimum NZD \$400K)?

Have you, your current or previous company or your spouse ever been declared or filed for bankruptcy, or otherwise become insolvent? If so, please provide details.

Career & Business History

From	To	Employer's or business name and address	Type of business	Position(s) held	Job description and number of employees supervised	Reason for leaving

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Have you or your business ever been prosecuted, or been involved in a dispute (i.e. district court judgements, etc.)?

Have you ever been involved in a business failure? Please provide details -

Have you ever been convicted of a criminal offence? Please provide details -

Describe your passions and motivations in the context of a owning a business and your contribution to your community

What role do you foresee taking within the license and how, if at all, do you see this changing over time?

Describe your high level approach to the various stakeholders – customers, employees, the community, vendors

ZUMO appreciates the time and effort that you have put into the completion of this application. Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by ZUMO to assess your suitability as a ZUMO licensee. You agree to notify ZUMO of any material changes to this information in writing and understand that omission or misrepresentation of information is likely to adversely affect the application process and/or removal from the program.

Signature

Date _____