

The Lucky Charm

Where every day's your lucky day!



FRANCHISEE INFORMATION FORM

Advice to applicants –

1. The Lucky Charm is an equal opportunity organization. All applicants will be considered without regard to gender, race, religion, nationality or marital status.
2. Please ensure that all sections of the application are completed in your own handwriting and that you have provided signatures in the section specified.
3. Where insufficient space is provided to fully answer any section, please attach separate sheets with the additional information.
4. Additional financial details are likely to be sought for finance approval prior to the final approval of the Franchise Application.
5. The information provided will be treated as confidential. The Franchise Application may be accepted or rejected at The Lucky Charms discretion.
6. On completion please forward your application and a recent photo to the:

Mike Kentros
Director

The Lucky Charm Pty Ltd
Unit 3 691 Marshall Road
MALAGA WA 6090
Fax: (08) 9248 5822



Please complete this form using block capital letters

BUSINESS INFORMATION

What is the franchise location of your store (address) _____

Legal Entity - Pty Ltd – Partnership – Sole Trader

Company Name _____

Directors Name _____

Directors Address _____

Suburb _____ State _____

Directors Name _____

Directors Address _____

Suburb _____ State _____

Registered Address _____

Suburb _____ State _____ Postcode _____

Partnership Name _____

Sole Trader Name _____

ABN _____ ACN _____

Preferred starting date ____/____/____



TRADING TERMS

1. SUPPLY & RETURN OF GOODS

- a) All products/services are sold at The Lucky Charm's ruling price at the time of delivery;
- b) GST and all other government imposts will be to the Customers account;
- c) Property in goods shall not pass until payment in full of all monies owed by the customer;
- d) Everyday products are sold on a firm sale basis and are not returnable;
- e) All account payment is to be processed by The Lucky Charm Head Office on a direct payment a nominated bank account. Direct Debit forms to be completed.

2. CREDIT CLAIMS

- a) Claims for short supply of goods or defective goods must be notified to a representative of The Lucky Charm within forty-eight hours (48) of receipt of stock;
- b) Claims for services which have been requested by the Customer but which have not been performed or have been inadequately performed must also be notified to a representative of The Lucky Charm within forty-eight hours (48) from the date on which such services were provided or due to be provided;
- c) Monthly statements are provided as a means of reconciliation only and any claims regarding such statements must be notified to The Lucky Charm Credit Department in writing, or by telephone;
- d) Payment may not be withheld in the event of pending credits for returned stock without prior approval from The Lucky Charm Credit Department.

Trade References (Please provide minimum of 3)

	Telephone
1.	
2.	
3.	



PERSONAL INFORMATION

Title _____ First name _____ Surname _____

Spouse/Partner's name _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (home) (____) _____ Mobile _____

Phone (work) (____) _____ Fax (____) _____

Email _____

Date of birth ____/____/____ Place of birth _____ Nationality _____

Marital status: Married / Separated / Single Children's ages _____

Hobbies and Interests _____

LEGAL INFORMATION

Have you ever forfeited your licence? Yes / No

If yes, give reason _____

Have you had any criminal charges in the last 5 years or impending prosecution? Yes / No

If yes, give reason _____

Have you ever had a court judgement against you? Yes / No

If yes, give reason _____

During the last 5 years, have you ever been declared bankrupt, been involved as a director of any company that has had a receiver appointed, or any other financial circumstances that could affect your ability to operate this business? Yes / No

If yes, give reason _____

Are you a permanent resident of Australia? Yes / No

Please provide a copy of a current Federal Police clearance.

HEALTH INFORMATION

Health Status: Excellent Good Satisfactory Poor

Do you have any injury or other medical condition that would limit your ability to perform operational functions within a TLC store? Yes / No

If yes, give reason _____



FINANCIAL INFORMATION

ASSETS		\$	LIABILITIES		\$
Cash on Hand			1	Include all money owed) Accounts Payable including Credit card, and overdraft amounts)	
(Bank)					
(Bank)					
(Bank)			2		
(Bank)			3		
Previous/current business assets (Please attached latest balance sheet)				Previous/current business liabilities (Please attached latest balance sheet)	
Motor Vehicles				Finance Liabilities	
Make/Model			1	Owed to	
Make/Model			2	Owed to	
Real Estate				Mortgages on Real Estate	
Address			1		
Address			2		
Address			3		
Other Business Investments				Other Liabilities (including Income Tax)	
Other Assets					
TOTAL ASSETS		\$		TOTAL LIABILITIES	\$
Less Total Liabilities		\$			
NET WORTH		\$			

Applicant source of funds

- Provide details of the source of unencumbered equity that is available for investment in the franchise.
- This excludes borrowings against non-income earning assets.
- I/We confirm that the information is an accurate assessment of my/our financial position as at ___/___/___

Do you need finance to purchase the business?

Yes /

If yes, how much finance do you require?

\$ _____



EMPLOYMENT HISTORY

List the last 3 positions you have held, beginning with the most recent.

Company _____ Phone (____) _____

Address _____

Your position title _____

Name of person you reported to _____

Dates of employment ____/____/____ to ____/____/____

Reason for leaving _____

May we contact your employer for a reference? Yes / No

Company _____ Phone (____) _____

Address _____

Your position title _____

Name of person you reported to _____

Dates of employment ____/____/____ to ____/____/____

Reason for leaving _____

May we contact your employer for a reference? Yes / No

Company _____ Phone (____) _____

Address _____

Your position title _____

Name of person you reported to _____

Dates of employment ____/____/____ to ____/____/____

Reason for leaving _____

May we contact your employer for a reference? Yes / No

SELF EMPLOYMENT EXPERIENCE

Nature of Business	Period: From – To	Achievements



EDUCATION AND TRAINING HISTORY

Please list all secondary and tertiary education

Name of school / college	Years Attended	Exams Passed
List any other relevant training courses undertaken		

LEISURE AND COMMUNITY INVOLVEMENT

Activities	Offices Held

PERSONAL REFERENCES

Please list at least 3 persons (not relatives) from whom we can obtain references.

Name _____ Phone (____) _____

Address _____

Position / Organisation _____

Name _____ Phone (____) _____

Address _____

Position / Organisation _____

Name _____ Phone (____) _____

Address _____

Position / Organisation _____

ADDITIONAL CONTACT INFORMATION

Bank _____ Phone (____) _____

Address _____

Contact person _____



Accountant _____ Phone (____) _____

Address _____

Contact person _____

Solicitor _____ Phone (____) _____

Address _____

Contact person _____

GENERAL INFORMATION

What interests you about being a franchisee with our system?

What are your personal/business goals over the next five years?

What do you believe to be your strengths in business?

What is it that motivates you for success in business?

What do you see as the most important elements of a good business owner?

To what extent are you prepared to be personally committed to this business?

To what extent have you been involved in sales during your business life?



How would you describe yourself on a personal level?

Please list any other information that may assist us in considering your application.

Have you investigated other franchise opportunities?

Yes / No

If yes, what is your assessment of them? _____

How did you hear about The Lucky Charm? (please circle)

You are a customer / Friend or relative / Website / Newspaper / Magazine / Other _____

Are you prepared to attend a compulsory 2-week training course that will be undertaken both in Head Office and at store level? Yes / No

BUSINESS PLAN

Please provide a business plan covering the following topics:

Introduction – Business overview

Planning – Your intended plan and vision for the business. How will the business grow.

Service – Customer service, what does it mean to you and how you intend to improve current levels.

Marketing – Local area marketing to schools, sporting clubs etc.

Budgets & Cash Flows – 3 years

I/We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I/We recognise that The Lucky Charm is not in any way obligated to franchise a site to me/us because of our execution of this document. I/We understand that an enquiry regarding my/our character, general reputation, personal characteristics, mode of living, and financial background may be made as a result of this application and hereby authorise the release of this information to The Lucky Charm Pty Ltd.

Franchise Applicant Name Signature Date / / /

Witness Name Signature Date / / /

Franchise Applicant Name Signature Date / / /

Witness Name Signature Date / / /

(A photocopy of this authorisation shall be deemed as valid as the original)

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Privacy Act 2001:

The Lucky Charm complies with the Privacy ACT 2001 and the professional information we collect from you can be accessed by you on request by contacting The Lucky Charm Recruitment Department.

We collect your personal information so that we can assess your application to become a Franchisee within The Lucky Charm Franchise System.

The information you supply in this Franchise Information Form and during the meetings we have during the assessment process may be shared with The Lucky Charm Human Resources, Training and Operations Departments. The purpose in sharing the information is so we can assess your training and development needs and the extent to which you meet The Lucky Charm requirements.

If your application is successful the information we collect will become part of the records we keep about our Franchisees. If your application is unsuccessful we will destroy all information within three months of being notified by yourself.