

Franchise

tropicalsun
tanning & beauty studio



Application

STRICTLY CONFIDENTIAL

The applicant/applicants are asked to complete this form as accurately and thoroughly as possible. This completed form is to be reviewed by Tropical Sun directors and is to be treated in the strictest confidence. The completion and submission of this form does not in any way constitute an agreement between the parties and is solely to be used for preliminary assessment purposes.

Once completed this form is to be sent to Tropical Sun marked "Strictly Confidential" together with a cheque/deposit for \$2,000. The cheque is to be made payable to Tropical Sun Industries Pty Ltd. If the application is successful the payment will go towards your franchise documents. The cheque of \$2,000 will be fully refundable and will be returned to you should Tropical Sun deem you unsuitable for this franchise.

***Please note that a formal meeting must be made before this application is completed.**

Principal Contact Regarding Application:

Full Name:

Home Address:

City:

State

Postcode:

Home Phone:

Business Phone:

Mobile Phone:

E-mail:

Company Details:

(It is a requirement that all Franchisees establish a separate registered company to be used solely for the operation of the franchise business. Where such a company is not yet formed, please complete the following sections as best you can to reflect envisaged company arrangements.)

Name of Company: _____

A.C.N Number: _____

A.B.N Number: _____

Date of Incorporation: _____

Registered Address: _____

City: _____

State: _____

Post Code: _____

Company Postal Address: _____

City: _____

State: _____

Post Code: _____

Accountant:

Firms Name: _____

Street Address: _____

City: _____

State: _____

Post Code: _____

Contact Name: _____

Telephone: _____

Facsimile: _____

E-mail : _____

Solicitor:

Firms Name:_____

Street Address:_____

City:_____

State:_____

Post Code:_____

Contact Name:_____

Telephone:_____

Facsimile:_____

E-mail:_____

Directors and Shareholders:

Director 1:

Full Name:_____

Home Address:_____

City:_____

State:_____

Post Code

Date of Birth:_____

Telephone:_____

% Shareholding in Company:_____

Director 2:

Full Name:

Home Address:

City:

State:

Post Code:

Date of Birth:

Telephone:

% Shareholding in Company:

Have you or any of the above Directors ever committed any act Bankruptcy?
(yes / no)

If Yes, please provide details:

Have any of the above Directors currently or previously had any Court
Judgments, Attachments, Orders or Legal Proceedings issued against
you/them? (yes / no)

If Yes, please provide details:

Business Involvement and Experience:

Please complete following section for all Directors who will be actively involved in the business.

Director Name:

Description of Intended Involvement:

Expected Contribution to Business (Hours Per Week):

Education (highest level attained):

Summary of Business Experience:

What qualities and abilities can the Applicant contribute to the running of the business?

Director Name 2:

Description of Intended Involvement:

Expected Contribution to Business (Hours per Week):

Education (highest level attained):

Summary of Business Experience:

What qualities and abilities can the Applicant contribute to the running of the business?

Where the intention is for a Manager (non Director / Shareholder) to operate the business, please complete the following section regarding proposed Manager's details:

Proposed Manager's Name:_____

Expected Contribution to Business (Hours per Week):_____

Education (highest level attained):_____

Summary of Business Experience:_____

Geographic Location Preference:

1st Choice:_____

2nd Choice:_____

3rd Choice:_____

If applicable, would you be willing to relocate to interstate or regional location? (yes / no)_____.

Preferred Timeframe:

In solely a timing sense, in how many weeks from the date of this Application would the applicant be ready to commence trading as a Tropical Sun Franchisee.

What factors will impact on the applicants timing?

Financial Institution:

Name:

Address:

City:

State:Post:

Code:

Telephone:

Facsimile:

E-mail:

Funds Available:

What funds are available to the principle applicant/s to finance or invest in a Tropical Sun Franchise?

Personal Accounts Total: \$

Any assets to secure for borrowed funds? Yes or No. If yes how much can the applicant borrow? \$

Does the applicant have the assets to act as guarantor for leasing of a retail premises? Yes or No

General Information:

What appeals to you about becoming a participant in the Indoor Tanning Industry?

How did you become interested in a Tropical Sun Franchise?

What appeals to you about becoming a Tropical Sun Franchisee?

Have any of the applicants tanned before? If Yes, please provide details:

What other relevant information, if any, do you wish to provide in support of your Application to acquire a Tropical Sun Franchise? (please attach documentation if appropriate).

Authorization and Acknowledgement:

I/We, the Parties to this application, hereby, acknowledge that the information contained within is accurate as at

the _____ (insert date)

For the sole purpose of Tropical Sun assessing whether this application meets Tropical Sun’s criteria for the granting of a Tropical Sun Franchise.

Signature of Applicant 1:

Date Signed:

Print Name:

Signature of Applicant 2:

Date Signed:

Print Name:

Please forward this completed application form
In a sealed envelope marked

“STRICTLY CONFIDENTIAL” and addressed as follows:

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