

CEREALBOX, INC. FRANCHISE APPLICATION

Application #:	Date of Application:
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Name of Applicant: (Surname, Given Name, Middle Name)					
Home Address:					
Age:	Sex:	Birthdate:	Civil Status:	Citizenship:	
Occupation:		Telephone #.	Mobile #:	Fax #:	E-mail:
Company:				Business Phone:	
Business Address:					

EDUCATIONAL BACKGROUND			
	School Graduated	Inclusive Years	Degree Obtained
POST-GRADUATE			
COLLEGE			
HIGH SCHOOL			

EMPLOYMENT HISTORY			
Name of Firm	Position Held	Years of Tenure	Telephone No.

ENTREPRENEURIAL EXPERIENCE			
Registered Name	Nature of Business	Position Held	Inclusive Years

CREDIT REFERENCES		
Name	Address	Telephone No.

CHARACTER REFERENCES

Name	Address	Telephone No.

Do you have any relatives (up to the third degree) connected with any of the following industries?
(If yes, check the appropriate space provided below and specify the company affiliated to).

- Fastfood _____
- Beverage (Milk, Juice, Water, Softdrinks, etc.) _____
- Other food-related business: _____

I hereby certify that the above information is true and correct to the best of my knowledge and ability. My failure to disclose any vital fact about myself and any information contained herein shall be sufficient to render this application null and void. Moreover, I understand that the submission of this application does not obligate Cerealbox, Inc. in any manner.

Applicant's Signature over Printed Name

Date

For Cerealbox, Inc.'s use only

Remarks:

Application Received by : _____
Signature over Printed Name

Date

Application Reviewed and Approved by : _____
Signature over Printed Name

Date

SITE INFORMATION

Full Address of Site: _____	Lot Area Size: _____ sq. m.
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Site Description

1. What are the specific landmarks found in the immediate vicinity of your proposed site?
Please check appropriate box/es and indicate the name/s of landmark/s

		<i>Estimated Population</i>
<input type="checkbox"/>	Schools _____	_____
<input type="checkbox"/>	Offices _____	_____
<input type="checkbox"/>	Transportation Terminals _____	_____
<input type="checkbox"/>	Commercial Establishments _____	_____
<input type="checkbox"/>	Others _____	_____

2. Are the following competitors present within the 500 meter radius from your proposed site?
Please check appropriate box/es

	<i>Distance</i>	<i>Estimated Sales per Day</i>
<i>Competitors in the refreshment category</i>		
<input type="checkbox"/>	Starbucks/Figaro/other coffee shops _____	_____
<input type="checkbox"/>	Ice Monster _____	_____
<input type="checkbox"/>	Big Chill/Fruitas _____	_____
<input type="checkbox"/>	Floyd's/Cold Rock _____	_____
<i>Indirect Competitors</i>		
<input type="checkbox"/>	Jollibee	<input type="checkbox"/>
<input type="checkbox"/>	KFC	<input type="checkbox"/>
<input type="checkbox"/>	McDonald's	<input type="checkbox"/>
<input type="checkbox"/>	Chowking	<input type="checkbox"/>
<input type="checkbox"/>	Kenny Rogers	

3. Is your site within the corners of a busy intersection? Yes No
If yes, please indicate name of intersection/s _____

4. What is the approximate number of people passing your site at a given time? *Please indicate below.*

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Number of People	_____	_____	_____

5. Does your site have ready access to electricity and water connections?

Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3R Photograph of Site

Please paste a 3R colored photograph of the site



Location Map of Site

Please attach a drawing of the site