



# Franchise Application Form

The information submitted on this form shall be treated by Dixy Chicken as strictly private and confidential.

Please help us by completing all sections carefully and thoroughly.

WHERE TO SEND YOUR APPLICATION FORM

PLEASE SEND YOUR APPLICATION FORM TO:

Dixy Chicken  
Unit 3b Springfield Court  
Summerfield Road  
Bolton  
BL3 2NT

Tel: 01204 370 553

Email:

Franchise@Dixychicken.com

## Personal Details

Surname	Telephone Home	Business
_____	_____	_____
First Name	Mobile	Fax
_____	_____	_____
Home Address	Email	
_____	_____	
	Marital status	
_____	_____	
Postcode	Date of birth	
_____	_____	
Length of time at this address	Male / Female	
_____	_____	
Status at this address Owner / Tenant / Other	Nationality	
_____	_____	
	If not British – Status in this country	
	_____	

## Employment Details

Present occupation	If self-employed, details of business
_____	_____
Employer's name and address	Professional qualifications (if any)
_____	_____
_____	If Director of Limited Co, please state company Registration Number
_____	_____

## Financial Details

How much capital do you have available to invest in the franchise?

\_\_\_\_\_

### FOR OFFICIAL USE ONLY

Initiated by:

\_\_\_\_\_

CC Check

\_\_\_\_\_

Input

Approved by:

\_\_\_\_\_

Date:

\_\_\_\_\_

How do you intend to finance the business, what proportion of project costs (if any) do you intend to borrow?

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Have you ever been declared bankrupt? Please give details.

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Do you have any CCJ'S? *(Please note that this does not necessarily adversely affect your application, but allows us a greater insight if we are to successfully obtain finance on your behalf)*

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If available, please provide brief assets and liabilities statement and enclose with application

### **Proposed Franchise**

Have you ever operated a franchise before? If so, please give details.

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Do you have an existing site(s)?      Yes     No  If No, please go to \*

Is this site Freehold       Leasehold

Address of existing site(s) to be converted to Dixy Chicken

Postcode

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Postcode

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\* In what geographical areas would you most like to operate a Dixy Chicken Franchise?

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

3<sup>rd</sup> Choice

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Will this franchise business be your full time occupation?

### **Experience**

Do you have any experience of fast food operations? If so, which?

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Do you have any training in sales, marketing, retailing or catering?

### **General**

Do you have any criminal convictions, not spent within the terms of the Rehabilitation Act 1974?

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## References

Please provide two business and personal references

Name	Address	Occupation
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1. \_\_\_\_\_

2. \_\_\_\_\_

Please provide Bank details for reference purposes

Bank Name	Address	Sort Code	Account No
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You are most welcome to include any further information you may wish to support your application. This is not obligatory, but may include a short statement detailing why you consider yourself suitable to operate a Dixy franchise, copies of accounts of any existing business in which you are involved or the inclusion of a brief CV).

Signature

Date

Print Name

**IN MAKING THIS APPLICATION FOR A DIXY CHICKEN FRANCHISE, IT IS UNDERSTOOD THAT DIXY CHICKEN MAY MAKE FINANCIAL, CREDIT, CHARACTER AND OTHER ENQUIRIES AS IT DEEMS APPROPRIATE.**

**I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION AND IN THE ENCLOSED DOCUMENTS IS TRUE AND CORRECT AND I UNDERSTAND THAT SAB1 LTD IS RELYING ON SUCH INFORMATION AS A MATERIAL FACTOR IN CONSIDERING MY APPLICATION FOR A DIXY CHICKEN FRANCHISE.**

Please keep a copy of this application for your records