



Franchisee Evaluation Form

Single Shop Franchise _____ (Area/City)

- Apply as Person, Please fill in Part I & III.
- Apply as Company; Please fill in Part II & III.

Part I: Apply as Person

Personal Information	Name		Gender		Birth	_____/____/____ (yy/mm/dd)
	Address					
	Telephone	Home:		Office:		Mobile:
	Email					

Education	Highest Degree: _____	Major: _____
	From: ____/____ (yy/mm)	To: ____/____ (yy/mm)
	2 nd Highest Degree: _____	Major: _____
	From: ____/____ (yy/mm)	To: ____/____ (yy/mm)

Employment History	Company: _____	Job Title: _____
	From: ____/____ (yy/mm)	To: ____/____ (yy/mm)
	Company: _____	Job Title: _____
	From: ____/____ (yy/mm)	To: ____/____ (yy/mm)
	Company: _____	Job Title: _____
	From: ____/____ (yy/mm)	To: ____/____ (yy/mm)

Partnership Information	Name: _____	Gender: _____	Relationship: _____
	% of Ownership: _____	% of time involved: _____	
	Related Experiences: _____		
	Name: _____	Gender: _____	Relationship: _____
	% of Ownership: _____	% of time involved: _____	
	Related Experiences: _____		
	Name: _____	Gender: _____	Relationship: _____
	% of Ownership: _____	% of time involved: _____	
	Related Experiences: _____		



Part I: Apply Person's Monthly Income

Assets	CAD	Liabilities	CAD
Cash	\$	Secured notes payable to others	\$
Marketable securities	\$	Unsecured notes payable to others	\$
Non-readily marketable securities	\$	Accounts payable	\$
Account & Notes receivable	\$	Margin Accounts	\$
Net cash surrender value of life insurance	\$	Notes Due: Partnership	\$
Residential real estate	\$	Taxes Payable	\$
Real estate Investment	\$	Mortgage Debt	\$
Partnership/PC Interests	\$	Life Insurance Loans	\$
Profit sharing, other vested retirement accounts	\$	Other Liabilities:	\$
Deferred Income	\$		\$
Personal Property	\$		\$
Other Assets	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$



Part I: Second largest Owner’s Monthly Income

Assets	CAD	Liabilities	CAD
Cash	\$	Secured notes payable to others	\$
Marketable securities	\$	Unsecured notes payable to others	\$
Non-readily marketable securities	\$	Accounts payable	\$
Account & Notes receivable	\$	Margin Accounts	\$
Net cash surrender value of life insurance	\$	Notes Due: Partnership	\$
Residential real estate	\$	Taxes Payable	\$
Real estate Investment	\$	Mortgage Debt	\$
Partnership/PC Interests	\$	Life Insurance Loans	\$
IRA, Profit sharing, other vested retirement accounts	\$	Other Liabilities:	\$
Deferred Income	\$		\$
Personal Property	\$		\$
Other Assets	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$



Part II : Apply As Company

Company Name			
Establish Date	_____ / _____ / _____ (yy/mm/dd)		
Chairman Name			
Chairman Tel			
Chairman Email			
Number of Employees			
Capital of the Company	CAD/\$		
Revenue/ per year	CAD/\$		
Industry of the Company			
Product of the Company			
Address of the Company			
Company Tel.			
Company Website			
Contact Person		Title	
Phone Number	Office:	Mobile:	
Email:			



Part II: Company Monthly Income

Assets	CAD	Liabilities	CAD
Cash	\$	Secured notes payable to others	\$
Marketable securities	\$	Unsecured notes payable to others	\$
Non-readily marketable securities	\$	Accounts payable	\$
Account & Notes receivable	\$	Margin Accounts	\$
Net cash surrender value of life insurance	\$	Notes Due: Partnership	\$
Residential real estate	\$	Taxes Payable	\$
Real estate Investment	\$	Mortgage Debt	\$
Partnership/PC Interests	\$	Life Insurance Loans	\$
Profit sharing, other vested retirement accounts	\$	Other Liabilities:	\$
Deferred Income	\$		\$
Personal Property	\$		\$
Other Assets	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$



Part II: Chairmen Monthly Income

Assets	USD	Liabilities	USD
Cash	\$	Secured notes payable to others	\$
Marketable securities	\$	Unsecured notes payable to others	\$
Non-readily marketable securities	\$	Accounts payable	\$
Account & Notes receivable	\$	Margin Accounts	\$
Net cash surrender value of life insurance	\$	Notes Due: Partnership	\$
Residential real estate	\$	Taxes Payable	\$
Real estate Investment	\$	Mortgage Debt	\$
Partnership/PC Interests	\$	Life Insurance Loans	\$
IRA, Profit sharing, other vested retirement accounts	\$	Other Liabilities:	\$
Deferred Income	\$		\$
Personal Property	\$		\$
Other Assets	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$
		Total Net Worth	\$



Questions

1. Where would you like to open your franchise? Please describe the competitors, the number of them and the brands in your area.
2. Besides the location of Question One, would you be willing to open your franchise in other areas? What area?
3. Description of the area's economic situation, the popularity, the relevant rental cost and labor fee (Question One).
4. Will the franchise business be your sole source of income?
5. Description of the total unencumbered liquid capital, which is readily available for use in the franchise business and the source of the unencumbered liquid capital.
6. How many hours per week will you anticipate working in your business?
7. How do you anticipate the financing balance of the total initial investment?



8. Description of your team/experience of hospitality.

9. How soon would you be prepared to open your franchise?

10. When would you be available to meet and contact with one of our representatives?

11. What questions would you hope to be answered during your meeting with our representative?

12. Please describe in details why you will be a good candidate to become a ZenQ Franchisee?
Any relevant experience in hospitality?

I hereby certify that all the information supplied in this Franchise Evaluation Form made by me is true and correct. I agree to have all information confirmed and checked by of La Kaffa International Co., LTD. representatives and authorize La Kaffa International Co., LTD. to contact references and do credit checks as needed. I further understand that the submission of this information does not guarantee to obligate a franchise-ship.

Applicant's Signature

Date