



Franchise Application Form

1. **Name**

2. **Date of Birth (DD/MM/YYYY)**

3. **PAN No**

4. **Mobile No**

5. **Email Address**

6. **Educational Qualification**

7. **Residential Landline number**

8. **Residential Permanent Address**

9. **Residence**
 - Owned
 - Leased





10. Please mention the City, Area and complete address where you plan to set up the Franchise?

11. Since how many years are you living in the city proposed?

- Less than 3 years
- 3 to 7 years
- more than 7 years

12. Do you have your own store / outlet where you wish to open The Tea Toast Co. Franchise

- Yes
- No

13. If yes, what is the area (sq-ft) of the store?

14. Any following public places around proposed location?

- School
- Colleges
- Railway Station
- Highstreet
- Shopping Mall
- Bus Stand
- None





15. Will you manage the franchised Cafe full time by yourself ?

- Yes
- No

16. If no, what other commitments do you have along with this franchise ?

17. Are you or any of your family member(s) involved in and kind of Restaurant/Cafe business?

- Yes
- No

18. How soon can you start this possible association with us

- less than 1 month
- 1 to 3 months
- More than 3 months

19. How do you propose to raise funds for The Tea Toast Co. franchise?

- Own Capital
- Borrowed Capital
- Part owned, part borrowed

20. How did you come to know about us? If Other, please mention

- Print Media (Newspaper/magazine etc)
- Social Media (Facebook/Instagram/website/Twitter etc)
- Others (please specify)

Signature

Date & Place:

