



FRANCHISE APPLICATION FORM

This information on this form is the basis for a franchise application and will be kept confidential. This form is not to be construed as an offer of a franchise, a commitment or a binding agreement on either party.



Please fill out this form and send it back to us at:

info@lcfcafe.com

Or contact our franchising department:

M. +91-8448639328



PERSONAL INFORMATION

NAME		LAST NAME	
ADDRESS			
TEL. (RESIDENCE)			
EMAIL	MARITAL STATUS	AGE	
GENDER	DATE OF BIRTH		
CITIZEN OF INDIA	YES	NO	
ARE YOU AN ASSOCIATE OR DO YOU HAVE SHARES IN OTHER BUSINESSES	YES	NO	
IF YES, EXPLAIN			

EDUCATION

(CHECK THE LAST YEAR COMPLETED)

QUALIFICATION
FIELD OF STUDY

PROFESSIONAL EXPERIENCE

NAME OF THE COMPANY		CONTACT	
CITY		TEL.	
FROM	UNTIL	TITLE	
RESPONSIBILITY			

NAME OF THE COMPANY		CONTACT	
CITY		TEL.	
FROM	UNTIL	TITLE	
RESPONSIBILITY			



NET WORTH

HOW MUCH DO YOU PLAN TO INVEST IN THIS FRANCHISE?

LOCATION PREFERENCE

FIRST CHOICE

SECOND CHOICE

OTHER(S)

WOULD YOU BE WILLING TO RELOCATE? YES NO

IF YES, WHERE?

GENERAL INFORMATION

WILL YOU PERSONALLY OPERATE FRANCHISE BUSINESS? YES NO FULL TIME? YES NO

HAVE YOU EVER OWNED A BUSINESS? YES NO

DO YOU PRESENTLY OWN OR HAVE YOU EVER OWNED A RESTAURANT? YES NO

WHO WOULD BE RESPONSIBLE FOR THE FRANCHISE'S DAY-TO-DAY OPERATION?

WHAT KIND OF PROPERTY YOU WOULD USE FOR THE FRANCHISE BUSINESS ?

OWNED RENTED

WILL YOU HAVE OTHER PARTNERS IN THIS PROJECT ? YES NO

WHICH OF OUR FRANCHISE PARTICULARLY INTERESTS YOU?

LCF EXPRESS LCF CAFE



PERSONAL REFERENCES (Name, Relationship, Tel.)

1.

2.

DECLARATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT.

DATE:

SIGNATURE:

