

Application Form for a Goodhome Gastropub

All information provided will be held in absolute confidence.

Preferred Location: _____ (Suburb) City: _____

1. Personal information

Surname (block capitals) _____	Title (Mr, Mrs, Miss, Other) _____
Other Names (in full) _____	
Permanent Address _____	Previous Address _____ (if resident at Permanent Address for less than 2 years)
Post Code _____	Post Code _____
Telephone No. (Home) _____	Telephone No. (Business) _____
Email address (Home) _____	email address (Business) _____
Mobile phone _____	Fax No. (Home) _____
Date of Birth _____	Place of Birth _____
Nationality _____	Marital Status _____ No. of Dependents _____

2. Education and training

List any professional qualifications attained.

Name of school, college, etc.	Dates attended		Examinations taken (subject and level)	Qualification
	From	To		
List trade, professional qualifications, computer skills or other relevant qualifications:				

3. Work and work related experience

3.1 Work history: Please give details of your work related experience to date. Include both full-time and part-time employment and include periods of self-employment. Please start with your current job first.

Dates attended		Name of organisation	Job title	Main duties and responsibilities	Salary / Income (\$)
From	To				

Have you ever been dismissed, suspended or required to resign? Yes No

If yes, state reason

Attach any references

I agree that my previous employers and referees may be contacted. However my current employer will not be contacted without my express consent before hand.

Referee 1. _____ Phone: _____

Referee 2. _____ Phone: _____

Referee 3. _____ Phone: _____

3.2 Details of present business if self-employed

Type of business	
Address of business	
Estimated turnover this year \$ _____ (specify currency)	<input type="checkbox"/> Estimated profit this year \$ _____
How long have you been self-employed?	
Less than one year	<input type="checkbox"/>
More than one but less than five years	<input type="checkbox"/>
More than five years	<input type="checkbox"/>
Do you have a set of audited accounts for the previous 3 years?	Yes No
If yes, please enclose copies with this form.	

3.2 List all Businesses which you have financial interests

Name of Business	Position	Brief Description of Involvement

4. Legal information

Have you any criminal convictions or impending prosecution(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What personal guarantees either financial or non financial have been given by you and to whom?		
<p>If you have been bankrupt or compounded with your creditors give details:</p> <p style="text-align: center;"><input type="checkbox"/></p> <p>Do you have any objection to us making credit checks? Yes No <input type="checkbox"/></p> <p style="text-align: center;">o</p>		
If yes, please give details:		
<p>Are there any restrictions on your residency or freedom to take up employment in the country for which you are applying for a franchise? Yes No</p> <p>If yes, please give details:</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>		
<p>Have you ever had a court judgement against you? Yes No</p> <p>If yes, give details:</p>		

5. Financial Information

ANNUAL INCOME	Self	Spouse
Salary, bonuses, commission		
Dividends, rental, other		
Total combined yearly income		
NET WORTH STATEMENT		
CURRENT ASSETS		
Cash on hand in bank	\$	
Notes, accounts receivables due from other people	\$	
Sub-total	\$	
FIXED ASSETS		
Real estate owned	\$	
Vehicles	\$	
Ownership in any business	\$	
Other assets (Shares, Investments etc)	\$	
Sub-total	\$	
Total Assets (A)	\$	
CURRENT LIABILITIES		
Notes payable/Line of Credit	\$	
Credit cards payable	\$	
Other amounts owed	\$	
Sub-total	\$	
LONG TERM LIABILITIES		
Real estate mortgages	\$	
Vehicle Loans	\$	
Other debts	\$	
Sub-total	\$	
Total Liabilities (B)	\$	
Total Assets less Total Liabilities (A-B)	\$	
How much of your own funds will you be able to invest in the business?		
Where will you acquire the remaining funds?		

Bank Name	Address	Contact Person and Telephone Number

6. Please indicate where you found out about this opportunity

Advertisement	<input type="checkbox"/>	Website	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Press Article	<input type="checkbox"/>	Signage on Site	<input type="checkbox"/>	Trade Me	<input type="checkbox"/>
Other	<input type="checkbox"/>										
If other, please specify											

7. Business ability and outlook

The following questions are designed to give us an indication of your skills and approach to business. Please answer the questions below. (Please tick the box)

- | | Please Tick |
|---|--------------------------|
| a) Are you prepared to follow the Goodhome Groups Systems & Processes? | <input type="checkbox"/> |
| b) Do you like dealing with the people (suppliers, staff, customers)? | <input type="checkbox"/> |
| c) Are you prepared to strive to achieve your business goals by fostering a strong staff culture? | <input type="checkbox"/> |
| d) Explain why you are interested in owning & operating a Good Home? | |

8. Declaration

I certify that the above information is correct and complete to the best of my knowledge and belief. I acknowledge that incorrect information could render me liable to having the opportunity terminated. I acknowledge and give my consent in terms of Privacy Legislation for Lion Beer Spirits & Wine NZ to obtain further information.

I understand that this is an application and is in no way intended as an offer or contract.

I understand that Goodhome does not warrant or represent in any way that a particular level of income is attainable.

Signature _____

Print name _____

Date _____

Please return application form to:
Lion Pty Ltd
Business Development Team
27 Napier Street
Freemans Bay
Auckland 1011

