



MARTINO'S PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

<i>PERSONAL INFORMATION</i>				
Full Legal Name :				
Date of Birth :				
Home Address :				
City :		State :		Post Code :
How long at this address?				
If less than 2 years please state previous address :				
Do you own or rent the house?	Own	<input type="checkbox"/>	Rent	<input type="checkbox"/>
Home Phone :		May we contact you hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work Phone :		May we contact you hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell Phone :		May we contact you hear?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address :				
Are you a Australian Citizen or PR?	Citizen	<input type="checkbox"/>	PR	<input type="checkbox"/>
Do you have a valid Driver's License?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the good time to contact you?	Morning	<input type="checkbox"/>	Afternoon	<input type="checkbox"/>
			Evening	<input type="checkbox"/>
Marital Status :	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>
Spouse's Legal Name :				
No. Of Children :				
Any other dependents? Please give details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes so how many?				
Will your spouse be active in the business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



MARTINO'Z PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

EDUCATIONAL QUALIFICATION					
Level of Education Completed	Name of Institution & City/Country		Qualification Obtained		

EMPLOYMENT EXPERIENCES					
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Please briefly list career experiences for you. Attach a CV if needed					
Name of Employer	City & Province	From	To	Position	Job Responsibilities

PARTNER'S INFORMATION		
Do you have a business partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. Name of Partner		
% of Ownership		
Do your partner currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partner's Involvement	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>



MARTINO'S PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

2. Name of Partner			
% of Ownership			
Do your partner currently employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partner's Involvement		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
3. Name of Partner			
% of Ownership			
Do your partner currently employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partner's Involvement		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
OTHER INFORMATION			
1. How did you hear about us?			
2. Have you visited Martino's Pizza? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Have you tried our product? Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. What are your three main reasons for applying for a Martino's Pizza franchise?			
1)			
2)			
3)			
5. Please describe any other skills, qualifications or interests that you have are relevant to the business?			



MARTINO'S PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

6. Have you ever owned or worked in a business similar to the proposed franchise? If so, please give details.

--

7. When are you available to start?

--

8. What annual income do you expect to earn?

--

9. How many hours per week will you expect to spend in the business?

--

10. Who will be responsible for daily operations?

--

11. Do you or your partner own any other pizza restaurant? If yes please give details Yes ☐ No ☐

--

12. Have you or anyone on your ownership team ever been convicted of a felony? If yes please give details Yes ☐ No ☐

--

13. Have you or anyone on your ownership team ever filed for bankruptcy? If yes please give details Yes ☐ No ☐

--

14. Describe any lawsuits that you have been involved in and the nature of the lawsuits.

--



MARTINO'Z PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

15. Do you or any persons related to you have any connection with any other restaurant business? If yes, provide relationship, name and nature of business below. Yes ☐ No ☐

Name of Business	Location	Business Type

LOCATION PREFERENCES

In which area would you like to open your Martino's Pizza Franchise? Please specify name of cities/area.

1.	
2.	
3.	

If a franchise was not available in the preferred area, would you be willing to consider other city/areas?

If so, which cities/areas?

1.	
2.	
3.	

NET WORTH

(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)

CASH ON HAND

Name of Institution	Chequing or Saving Account	Present Amount (CAD) (\$)

INSURANCE

Personal Life Insurance	
Spouse Life Insurance	
Household Insurance	
Other Insurance	



MARTINO'Z PIZZA AUSTRALIA

FRANCHISE APPLICATION FORM

REAL ESTATE OWNED

(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)

Address 1:	
Date of Purchase:	
Original Cost: \$	
Present Value: \$	
Mortgage Balance: \$	
Address 2:	
Date of Purchase:	
Original Cost: \$	
Present Value: \$	
Mortgage Balance: \$	
Address 3:	
Date of Purchase:	
Original Cost: \$	
Present Value: \$	
Mortgage Balance: \$	

FINANCIALS

(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)

ASSETS (\$)		LIABILITIES (\$)	
Cash on Hand and in Banks		Mortgages	
Marketable Securities		Accounts Payable	
Retirement Plan		Notes Payable	
Accounts and Notes Receivables		Loans on Life Insurance	
Real Estate		Credit Cards (Total Balance)	
Personal Property		Unpaid Taxes	
Business Holdings		Personal line of credit	
Vehicles		Family, friends	
Others (e.g. Jewelries etc.)		Other	
Total Assets (\$) (A)		Total Liabilities (\$) (B)	
Minus Total Liabilities (\$) (A-B)			
Net Worth (\$)			



MARTINO'S PIZZA AUSTRALIA
FRANCHISE APPLICATION FORM

DECLARATION

I hereby confirm that the information I have given is to the best of my knowledge true and correct.

Please note that this Franchise Application Form is regarded as confidential information and will be applied only in relation to the assessment of you as a potential business partner.

Thank you for your valuable time to complete this franchise application form.

We will be contacting you shortly with our response.

Applicant Signature : _____

Date : _____

Name of Applicant : _____

EMAIL THIS FRANCHISE APPLICATION FORM TO
franchise@martinozpizza.com.au

CONTACT US FOR ANY CONCERN OR QUERIES

Chintan Patel

Cell # : +61 426 867 081

Neil Patel

Cell # : +1 (616) 416-4241

Email : support@martinozpizza.com.au / franchise@martinozpizza.com.au



MARTINO'S
PIZZA