

Franchise Application Form

Thank you for your interest in becoming a franchisee of Stelin Cafe. Please fill out the form below with your information. We will review your application and contact you shortly.

Personal Information:

- Full Name:
- Gender:
- Date of Birth:
- Nationality:
- Contact Number:
- Email Address:
- Current Address:
- Street Address:
- City:
- State/Province:
- Postal/ZIP Code:
- Country:

Franchise Details:

➤ Preferred Location for Franchise:

- City:
- State/Province:
- Country:

➤ Have you ever owned or operated a franchise before?

- Yes
- No

If yes, please provide details:

➤ Have you ever worked in the food and beverage industry?

- Yes
- No

If yes, please provide details of your experience:

➤ Do you currently own any other businesses?

- Yes
- No

If yes, please provide details:

➤ Available Investment Capital:

- Liquid Capital (cash, savings, etc.):
- Financing (if applicable):
- Total Investment Capital:

▪ How soon are you looking to start the franchise?

▪ Why are you interested in becoming a franchisee of Stelin Cafe?

- What skills or qualities do you possess that make you a suitable candidate for a Stelin Cafe franchise?
- Do you have any specific questions or additional information you would like to share?

Declaration:

By submitting this form, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false statements may result in the rejection of my application. I authorize Stelin Cafe to verify the information provided.

Signature: _____

Date: _____

Please click the "Submit" button below to send your application. Thank you for considering Stelin Cafe for franchising opportunities. We will be in touch with you soon.