



FRANCHISOR APPLICATION FORM

1. Name of the Company.....
2. Major product or Service.....
3. Commercial Register Number & Date.....
4. Legal entity
5. Date Founded..... Name of Founder.....
6. Address:
City..... Street..... Bldg.....
P.O. Box..... Telephone.....
Fax..... E-mail.....
Website (if available).....
Chief Executive.....
Name of contact person..... Mobile Phone.....
7. Duration of the franchise agreement
8. Brands / Trademarks
0-2 ___ 3-5 ___ 6-10 ___ 11-20 ___
21-30 ___ 31-50 ___ 51-100 ___ 101 or more ___
9. How many FRANCHISEES do you have?
0-2 _____ 3-5 _____ 6-10 _____ 11-20 _____
21-30 _____ 31-50 _____ 51-100 _____ 101 or more _____
11. What is the total number of employees?



12. What is the annual turnover by BRAND in THOUSANDS of USD?

- \$100-500____ \$501-1000____ \$1001-1500 ____
- \$151-3000____ \$3001-5000____ \$5001-10,000 ____
- \$10,001- 15,000____ \$20,001 – 30,000____ \$30,001 or more ____

13. What are your Brands/ Trade Marks?

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14. Registration of Brands/Trade Marks:
(Please use an additional paper if necessary)

In Lebanon:

Brand or Trade Mark	Number of Registration	Date of Registration
1.		
2.		
3.		

Outside Lebanon

Brand or Trade Mark	Country	Number of Registration	Date of Registration
1.			
2.			
3.			

15. Please explain in brief your franchised concept:

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LEBANESE FRANCHISE ASSOCIATION
الجمعية اللبنانية لتراخيص الإمتياز

Name Title.....

Signature..... Date.....

N.B. The information included in this Application Form will be treated with strict confidentiality

Recommendation of the Admission Committee

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Decision of the Board:

..... Date.....