

## **Gumballs Package outline**

### **Standard licensing Franchising Model**

Staff training & manuals: Including staff management kits, stock management kits, quality control kits and production kits.  
Franchise Management training

#### **Supply service**

Freshly brewed teas in bulk supplied weekly delivered to your door  
All ingredients supplied weekly delivered to your door  
Incentives for larger purchases.

\$5 000 application fee is refundable if you choose not to go ahead and contributes to the value of your franchise fee if you proceed in opening a kiosk.

\$150,000 - \$180,000 (according to location size) includes

Training fees, Shop fitting, Design fees, Council applications, Equipment & Signage

#### **Start up Marketing**

Flyers, loyalty card/discount cards

Advertising via our website & other stores

Street advertising campaigns & Customised marketing strategy to reach sales targets

## **Add on Franchising model**

We also offer Gumballs kiosks as an add on product to an existing business in the hospitality industry. For instance a Gumballs kiosk added as a bar area in a Restaurant or café or as a section to your existing food kiosk.

Staff training & manuals: production kits & production manual.  
Limited menu conditions apply\*

### Supply service

Freshly brewed teas in bulk supplied weekly delivered to your door  
All ingredients supplied weekly delivered to your door

### Start up Marketing

Flyers loyalty card/10% cards (2000 of each)  
Advertising via our website & other stores  
Street advertising campaigns & Customised marketing strategy to reach sales targets

## Gumballs Franchise Application form

This application does not obligate either party in any manner to pursue future business.  
please complete this form in full with clear hand writing or type.  
All information collected by Gumballs will remain confidential

send to Gumballs  
email: [info@gumballs.com.au](mailto:info@gumballs.com.au)  
Fax: 02 9745 4420  
post: shop FK2, Westfield shopping centre,  
100 Burwood Rd, Burwood NSW 2134

Please choose your intended project:  
Standard licensing franchise model \_\_\_\_  
Add on franchise model \_\_\_\_

### Applicants details

Applicant's name: \_\_\_\_\_ TFN or ABN: \_\_\_\_\_  
Company Name (if applicable): \_\_\_\_\_ ACN: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
city: \_\_\_\_\_ state \_\_\_\_\_ post code: \_\_\_\_\_ ph:(\_\_\_\_) \_\_\_\_\_  
Mobile: \_\_\_\_\_ fax:(\_\_\_\_) \_\_\_\_\_  
E mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Total No. Dependants \_\_\_\_  
spouse's Name: \_\_\_\_\_  
Spouse's Occupation: \_\_\_\_\_ Spouse's Annual income: \$ \_\_\_\_\_

### Qualifications

please list any degrees, diplomas or formal training

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### Accountants details

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Bankers details

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Income

total wages: \_\_\_\_\_  
dividends or Interest: \_\_\_\_\_  
other incomes: \_\_\_\_\_  
real estate income: \_\_\_\_\_  
other incomes (please specify): \_\_\_\_\_  
\_\_\_\_\_  
Total Income: \_\_\_\_\_

### Expenditure

loan repayments: \_\_\_\_\_  
rent: \_\_\_\_\_  
utilities: \_\_\_\_\_  
insurance: \_\_\_\_\_  
other expenses (please specify): \_\_\_\_\_  
\_\_\_\_\_  
Total Expenses: \_\_\_\_\_

## Business & Employment History

(At least the last 5 years. Please attach additional notes if you run out of room)

Position: \_\_\_\_\_

company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_

post code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Annual income \$ \_\_\_\_\_ to \_\_\_\_\_

Describe your responsibilities

\_\_\_\_\_

name of referee we can contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_

post code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Annual income \$ \_\_\_\_\_ to \_\_\_\_\_

Describe your responsibilities

\_\_\_\_\_

name of referee we can contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_

company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ state: \_\_\_\_\_

post code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Annual income \$ \_\_\_\_\_ to \_\_\_\_\_

Describe your responsibilities

\_\_\_\_\_

name of referee we can contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**General information**

Do you plan to work full time in this store? Yes. No. why? \_\_\_\_\_

How many hours a week do you currently work : \_\_\_\_\_ what is your ideal working week \_\_\_\_\_ hours

What attracted you to a Gumballs Franchise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your prime motivation for opening a franchise store?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever owned a small business before & if so what type of business? \_\_\_\_\_

Have you operated a business similar to Gumballs, if so please provide details (e.g. business name, location etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you intend to fund the purchase of this franchise?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you intend to operate the Gumballs franchise? \_\_\_\_\_

How do you cope in a management role, do you work well with directing staff?

\_\_\_\_\_  
\_\_\_\_\_

There are many pressures involved in operating a business. Would you say you cope well under pressure? Yes. No. \_\_\_\_\_

Do you acknowledge that our franchise is built on systems developed through the experience and expertise of the franchisor and that as the franchisee you will be expected to follow these systems under the direction of the franchisor? Yes. No. \_\_\_\_\_

Do you understand that no franchise can guarantee 100% success in the future of the business and that the best efforts of all parties involved can better equip our venture? Yes. No. \_\_\_\_\_

What personal qualities do you possess that will help you in your abilities as a franchisee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be the sole investor in this store? Yes. No. \_\_\_\_\_

If not please fill in the details of your business partners

Name: \_\_\_\_\_

contact number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

contact number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## Location

Do you have a location in mind Yes. No. \_\_\_\_\_

if so where and what is the locations approximate size? \_\_\_\_\_

please list the cities/towns in your State are you interested in:

1 \_\_\_\_\_ Size: \_\_\_\_\_

2 \_\_\_\_\_ Size: \_\_\_\_\_

3 \_\_\_\_\_ Size: \_\_\_\_\_

## DECLARATION

I declare as follows:

All information I have provided in this form is True and correct to the best of my knowledge and I have not omitted any relevant information.

I acknowledge that If any information I have provided in this form is false or misleading Gumballs reserves the right to terminate the franchise agreement based on the information entered into this application form.

Date / /

Signature of applicant \_\_\_\_\_