

# Franchise Application Form



**BLACKOUT**  
SPECIALTY COFFEE

## Personal or company data:

Name: \_\_\_\_\_  
Company Name (if applicable): \_\_\_\_\_  
Company Address (if applicable): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Age: \_\_\_\_\_  
Landline: \_\_\_\_\_  
Business Line: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Highest Academic/Professional Qualification attained: \_\_\_\_\_

### Do you intend to have partners in this project? If so, please provide their details:

Name of partner: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Age: \_\_\_\_\_  
Landline: \_\_\_\_\_  
Business line: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Highest Academic/Professional Qualification attained: \_\_\_\_\_

## References:

### Individual Personal/Business References (only taken up with your consent):

Individual: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Your Employment Record:

Name of Employer	Period	Position

If you are an entrepreneur kindly attach your company profile to this application form.

**Do you/your company have or ever had a franchise?**

☐ Yes

☐ No

If yes, please explain: \_\_\_\_\_

**How much money do you want to invest?**

☐ Less than USD 75,000

☐ USD 75,000 - USD 120,000

☐ USD 120,000 - USD 150,000

☐ Above USD 150,000

**What is the source of your investment? (you may choose more than one option)**

☐ Personal Savings

☐ External Investors

☐ Bank Loan

☐ Others (specify): \_\_\_\_\_

**What is the annual sales turnover of your own business (if applicable)?**

☐ Less than USD 50,000

☐ USD 50,000 - USD 75,000

☐ USD 75,000 - USD 150,000

☐ Above USD 150,000

**Answer the Following Questions About Your  
Background and Intentions:**

**Who will manage the “Blackout Specialty Coffee” franchise?**

☐ Personally

☐ Partner

☐ Others (specify): \_\_\_\_\_

**Will you or the partner intend to continue working in your/his/her current employment  
after the franchise is awarded?**

☐ Yes ☐ No

If yes, who: \_\_\_\_\_ ☐ Personally ☐ Partner

**What would be your area of preference if you were to be granted a “Blackout  
Specialty Coffee” Franchise? (please be as specific as possible)**

First Choice:

Second Choice:

Third Choice:

When could you schedule Discovery Day with us in Qatar?

When do you plan to launch your business? (-----/-----)

The undersigned certify that the information contained herein is accurate and complete. I/we hereby authorize  
Withstand or its authorized agent to verify any of the above information and I authorize the release of said information to Withstand or its  
appointed agent.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Applicants Signature



# BLACKOUT

SPECIALTY COFFEE

Blackout, with its specialty coffee beans and commitment to quality,  
has already captivated the hearts of coffee enthusiasts.

