## PaintingSpirit franchise application form



## **Personal information**

(All information supplied will be treated as strictly confidential and will be used exclusively for possible partnership analysis)

First name		Surname		
Address	ZIP City	<i>,</i>	Address line	
Phone				
E-mail				
Marital status			Age	
Education				
Company name				
Current pro	fessional status			
Employee / Entr	epreneurial			
Field of expertis	e			
Professional experience				
Abilities, sk		2 1 4	11	
(please rate base	d on: $1 - \text{basic}$ , $2 - \text{ave}$	erage, 3 – good, 4	– excellent)	
Interest in arts	and painting			
Passion and pat	ience			
Networking skill	S			
Leadership				
Management				

Indonondont					
Independent					
Spouse					
Family					
Friend					
Else:					
	Dedic	ation aı	nd inve	estmen	it
Why/how di	d you cho	ose the Pai	intingSpiri	it franchis	ie?
How long do (Please mark wit		nd to run yo	our franch	ise busine	ess?
5 to 10 years					
Over 10 years					
Do you inter franchise bu		-		ivity after	starting your
Yes					
No					
Partly					
<b>How much d</b> (Please mark wit		end to inves	st in your	franchise	business?
10.000 - 20.000 20.000 - 40.000 40.000 - 60.000	) Euro				
Over 60.000 Eur					
In which coubusiness?	ıntry/regi	ion/city do	you inten	d to run y	our franchise

Who are you planning to run your business with? (Mark with an X)

Do you have any professional experience or skills that could be advantageous in running your future painting studio? If so please explain!
Do you have any franchise-related experience?  If so please explain!
Do you intend to manage/run your franchise business, or treat it as a strictly financial investment?
How much time (hour) do you intend to invest into the management of your painting studio?

Please send back to our e-mail address the completed application form.

Franchise contact: Rita Sávai paintingspirit2017@gmail.com