



SOLOHA GROUP, LLC.

FRANCHISE INQUIRY FORM

Thank you for your interest in the Leguanos franchise. Please complete and email the form to us at: info@leguano.us. We will review your inquiry and get back to you soon.

I am interested in a:	
<input type="checkbox"/> Multi-Unit Franchise for the USA or Canada	<input type="checkbox"/> Single-Unit Franchise for the USA or Canada
Location / Country/ State/ City of Interest: _____	

APPLICANT'S INFORMATION:

If you are applying as an Individual, please fill in the following:	
Name of Applicant:	Date of Birth:
Home Address:	
Email:	Contact Number:
Current Occupation:	
If you are applying on behalf of a Company, please fill in the following:	
Company Name:	
Company Address:	
Name of Contact Person:	
Email:	Contact Number:
Position:	

1. Please share with us why are you interested in the Leguano franchise?	
2. Have you already identified a suitable location to operate the Leguanos outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the address, outlet size and date of availability:	
3. How familiar are you with franchising? <input type="checkbox"/> Very <input type="checkbox"/> Fairly <input type="checkbox"/> Little <input type="checkbox"/> Not at all	
4. Have you bought/operated a franchise business before? If yes, please state name of the franchise and your involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you have any relevant experience in the retail business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please elaborate:	
6. How much funds do you intend to set aside for this business venture? <input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1 million <input type="checkbox"/> More than \$1 million	

By signing this form, I confirm my genuine interest in this franchise opportunity and that the facts furnished above are accurate. I understand and give consent for the Franchisor to use the above information as part of its process to evaluate my franchise application.

Signature: _____

Date: _____

Full Name: _____