



BLUE LAGOON

FLOAT & SPA

If you are expressing interest for a franchise in partnership with another person, including a spouse please fill out 2 of these forms.

Name _____

Home Phone _____

Mobile _____

Address _____

Years at this address _____

Email _____

Current Occupation _____

How did you first hear about a Blue Lagoon Float and Spa Franchise? _____

Why do you want to operate a Blue Lagoon Float and Spa franchise? _____

Do you have qualifications in the Massage and/or Beauty industry? _____

Have you ever experienced Floatation Therapy in the past? _____

Education background _____

Current business responsibilities _____

Past Business responsibilities (If you have had a career change) _____

In your opinion, what traits and skills characterise an efficient and knowledgeable business owner? _____

How will you finance your Franchise? _____

Will you have a business partner? _____

If so please provide the name and relationship with you _____

Will you be responsible for the day to day operations of this business? *(please tick)* YES NO

If you answered no, who will be responsible? _____

Will you run the franchise under management or as an owner operator? _____

Are you interested in single or multiple franchise opportunities? SINGLE MULTIPLE

Location preferences:

1st choice _____

2nd choice _____

3rd choice _____

Any other information you feel is prevalent to the successful approval of a Blue Lagoon Float and Spa franchise please detail below _____

Signature _____ Date _____