

Alakananda Greens Private Limited

CIN No.....

RESIDENTIAL DISTRIBUTION APPLICATION FORM

Alvee's (Brand) for Retail

Thank you for considering our food establishment. This form will assist you in presenting your personal and business information in pursuance of franchising interest. Please note that filling of this form does not constitute a continuing obligation on either you or the company. Kindly complete form & return to us by emailing to [franchise@alakanandagreens.com](mailto:franchise@alakanandagreens.com)

## RESIDENTIAL DISTRIBUTION APPLICATION FORM

## Alvee's Brand for RETAIL

## (1) APPLICATION INFORMATION

Franchiser Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> corporation
Applicant Name			
Registered Business Address			
Mailing Address (if different from Above)			
Year of Incorporation	Registration No.		
Type of entity	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	
Main Business activity			
Proposed Business Location			
Name of the Contact Person / Partner's			
If Partners name of the Main person			
Designation			
Contact Numbers	Business :	Home :	
Email ID:	Fax	Website	

## (2) FRANCHISE INFORMATION

(Intended geographical location/s Operate franchise business)	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	
Type of the permission	Rental/lease	Period	Registraded Rental Agreement If yes/No. vide No.
Franchise Interest	Outlet Area 800 sft	1200 sft	Restaurant 3000sft
Investments Required for Franchise In INR lac	INR 6.00.000/-	INR 15.00.000/-	INR3.500.000/-
Please provide details if you have any F&B retail outlet (Brand name)			
Year & Period of business established			