

Franchise Territory Request and Evaluation Form

Please complete all sections of this form to request a specific geographic territory for franchise operations. This form will also be used by the evaluation committee for review and approval.

1. Applicant Information

Applicant Full Name:

Current Company/Entity (if applicable):

Phone Number:

Email Address:

2. Proposed Territory Details

Requested City:

State / Province / Region:

Country:

Target Postal / ZIP Codes:

Territory Boundaries

Define the physical boundaries of your requested territory:

Northern Boundary (e.g., Street, Highway, River):

Southern Boundary:

Eastern Boundary:

Western Boundary:

3. Market Demographics & Justification

Estimated Population in Target Area:

Primary Target Demographic Profile:

Key Competitors Operating in this Area:

Why is this territory viable for our brand?:

4. Evaluation & Review (For Internal Office Use Only)

Population Density Verification:

Proximity to Nearest Existing Territory:

Potential Territory Conflicts (Yes / No):

Overall Territory Feasibility Score (1-10):

Application Status (Approved / Pending / Denied):

Evaluator Comments & Conditions:

Applicant Signature: Date:

Evaluator Signature: Date: