

Franchise Application



& General Information



Sunoco, Inc. (R&M)

Type of Facility Interested In:

(If interested in more than one type of franchise, indicate 1st and 2nd choice.

- ☐ Ultra Service Center
☐ Convenience Store
☐ Traditional Bay Station
☐ Other _____

Are you applying for a specific

location? Yes ☐ No ☐

If yes, Duns # _____

Area Mktg. Mgr. _____

Div. Mktg. Mgr. _____

Instructions (Please Print Clearly In Black Ink)

Please complete the following application by truthfully providing **all** the information requested. All the information you provide will be held in strict confidence by Sunoco. Completing this application does not obligate you or Sunoco in any way. Failure to complete the application or providing untruthful information will make the application invalid.

Applying For

- ☐ Sole Proprietorship ☐ Partnership (Each partner must provide separate application.) ☐ Corporation Name: _____
 Name (if determined) _____ ☐ Federal Tax Payer I.D. No. _____

Personal

Your Name – Last	First	MI	Date of Birth	Social Security No.
Current Address – Number & Street				No. Years At This Address
City, State, ZIP				
Previous Address – Number & Street			City, State, ZIP	
No. Years At This Address				
Phone Number ()		E-mail address		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Permanent Resident status in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	School and Location	Number of Years Attended	Graduated?	Year	Course or Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any additional training in sales, management, or retailing you have had.

"I submit the following information as my complete and true personal financial condition as of the date shown below. I expressly authorize any past or present employer or any person who has personal knowledge of my character, work experience or criminal records to release this information to Sunoco. I understand that Sunoco is relying upon all the information within this application as a material change in any of the above information or any subsequent information provided to Sunoco. In addition, I release all persons from liability as a result of true, accurate information."

Signature of Applicant

Date

Occupational History

- Complete for past 7 years including periods engaged in independent business
- If you currently own /operate service stations(s) or convenience store(s), complete this section **and** the Petroleum Industry Experience section below.

Current Employer (Or Last)

1	From	Company Name & Address	Phone Number ()	Monthly Income \$
	To		Last Position	Type of Position (See Recap Below)
	Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason For Leaving

Previous Employment

2	From	Company Name & Address	Phone Number ()	Monthly Income \$
	To		Last Position	Type of Position (See Recap Below)
	Name of Supervisor			Reason For Leaving

3	From	Company Name & Address	Phone Number ()	Monthly Income \$
	To		Last Position	Type of Position (See Recap Below)
	Name of Supervisor			Reason For Leaving

4	From	Company Name & Address	Phone Number ()	Monthly Income \$
	To		Last Position	Type of Position (See Recap Below)
	Name of Supervisor			Reason For Leaving

Occupation Recap (Last 7 Years)

Type	Number of Years			Type	Number of Years		
	Owned/ Managed	Mechanic/ Technician/ Assistant Mgr.	Cashier/ Clerical Attendant		Owned/ Managed	Mechanic/ Technician/ Assistant Mgr.	Cashier/ Clerical Attendant
Convenience store with gas				Engineering			
Service Station with gas				Manufacturing			
Retail Business (Non-Petroleum C-stores)				Accounting			
Garage Without Gas				Other (Specify)			
Sales				Other (Specify)			

Petroleum Industry Experience - Sunoco or Competitor (To Be Completed in Addition to the Above)

Currently Involved	Own	Operate	Brand	Address (indicate Duns # Also if Sunoco	Number of Years	Monthly Volume (Gallons)
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No				

General Information

How did you find out about Sunoco franchise opportunities? <input type="checkbox"/> Sunoco Dealer or Franchisee (Name) _____	
<input type="checkbox"/> Newspaper _____	Duns # _____ City _____
<input type="checkbox"/> Radio (Station) _____	<input type="checkbox"/> Business Broker (Name) _____
<input type="checkbox"/> In Store Display (Address) _____	<input type="checkbox"/> Friend (Name) _____
<input type="checkbox"/> Placement Director (Company Name) _____	<input type="checkbox"/> Other (Specify) _____
Have you ever applied for a Sunoco, Atlantic or APlus Franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details, (where, when)	
Are you applying for a specific site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, address _____ Distance from you _____ miles Primary residence
County of your primary residence _____	Other counties of interest _____
Are you willing to relocate if another site becomes available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify the areas you would be willing to relocate to _____	
Do any of your relatives operate a service station or convenience store? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____ Brand(s)? _____
Are you associated with any local community organizations or trade groups? List. <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any hobbies, community activities, special interests, or other information you deem pertinent.	

Preliminary Financial Information

Note: If this portion of the application process is approved, a detailed Financial Application, Trading Area Review and Business Plan will be provided for you to complete when a facility becomes available in your local marketing area (as determined by Sunoco). These items must be fully and satisfactorily completed and forwarded to Sunoco for approval.

Total Income For Past 12 Months

\$

Statement of New Worth

Assets		Liabilities	
Amount in IRA, 401k, Retirement Accounts	\$	Accounts, Notes & Loans Receivable	\$
Cash in Bank (Not including IRA, 401k, Retirement)		Real Estate Mortgages Payable	
Securities / Bonds		Other Debts or Obligations	
Accounts, Notes & Loans Receivable			
Real Estate			
Other (Automobiles, Personal Property, Etc.)			
Total Assets	\$	Total Liabilities	\$
Total Net Worth (Total Assets – Total Liabilities)			\$
Funds From Above Available For Sunoco Franchise			\$
If Additional Funds Are Required, Indicate Source(s) and Amount(s) Available			
Source	Institution	Amount	
Second Mortgage		\$	
Personal Loan		\$	
Business Loan		\$	
Other		\$	

*** Notification Status Of This Preliminary Franchise Application Will Be Provided Within 10 Working Days After Receipt Of This Completed Application.**