## FRANCHISE FEASIBILITY TEST

Use this form to assist you to assess the feasibility of your business as a franchisable concept. Answer every question. Assign a rating of 1-5 for each question, with 5 being the strongest. After you’ve finished, total each column. Then add all five columns together for a grand total. The higher the score, the more potential the concept has of becoming a successful franchise.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Does your business have an established track record of more than five years? |  |  |  |  |  |
| Do you and/or any of your partners have experience in the business greater than the period of time your business has been in operation? |  |  |  |  |  |
| Does your business have 10 or more locations? |  |  |  |  |  |
| During the time your business has been in operation, has it maintained average net profits in each location of more than R200,000? |  |  |  |  |  |
| Does the business generate repeat customers on a frequency greater than twice per month? |  |  |  |  |  |
| Does the business attract customers from an 8-kilometre radius or greater? |  |  |  |  |  |
| Do you have more than R250,000 to invest in the development of your franchise concept? |  |  |  |  |  |
| Do you and/or any of your partners have business management experience greater than 10 years? |  |  |  |  |  |
| Will the start-up requirements for franchisees be less than R25,000? |  |  |  |  |  |
| Are training requirements less than three months? |  |  |  |  |  |
| Does your business have international adaptability? |  |  |  |  |  |
| Rate the competitiveness of your industry. |  |  |  |  |  |
| Have you received more than 10 franchising inquiries in the last year? |  |  |  |  |  |
| **TOTAL OF EACH COLUMN** |  |  |  |  |  |
| **GRAND TOTAL** |  |  |  |  |  |