Confidential Franchise Application Form



APPLICATION FORM

All the information will be treated confidentially. This form is not an agreement and does not bind Pizzatown Limited nor the person herein mentioned in any way. Each partner is required to submit a separate application form. Please completed the form and send to <u>franchising@pizzatown.ca</u>

Date:

HOW DID YOU HEAR ABOUT PIZZATOWN?

I am an existing Pizzatown franchisee.

A friend or business associate referred me.

I saw your advertisement in

I was contacted by Pizzatown

Other (specify)

PERSONAL INFORMATION

Name (Mr./Mrs./Ms.) First:		Middle:		Last:
Title:	Company Name	e:		
Street Address:				
City:	Province:		Postal Code:	
Business Phone:	Mobile Phone:			
Home Address:				
City:	Province:		Postal Code:	
Home Phone:	SIN:		Birth Date:	
Email Address:				
Current Occupation:				

FINANCIAL INFORMATION

a. NET WORTH

Indicate your personal net worth: (your personal net worth is the total of all your assets minus the total for all your liabilities)

	< \$250,000	\$250,000 - \$500,0	00 \$500,00	0 - \$1,000,000	+ \$1,000,000
How r	nuch liquid cash c	lo you have availabl	e for the investme	ent:	
Invest	ment time frame:	Immediately	3-6 months	6-12 months	Over 1 year
Who v	vill operate the Fra	anchise? Se	lf Spouse	Others (specify	()
Will or award	•	to work at your cu Yes	rrent place of emp	bloyment after the fra	anchise is
Current household income (including spouse)					
	< \$100,000	\$100,000 - \$250,0	00 \$250,0	00 - \$400,000	+ \$400,000

b. FINANCIAL STATEMENT

- Please submit a current financial statement for the applicant company.
- Personal Financial Statements for all partners.

BUSINESS INTERSET

How did you become interested in a Pizzatown franchise and why?

Do you own another franchise? Yes No

Which one?

Who will be responsible for the day-to-day operations?

Have you ever owned or had an interest in any operation within the food service industry?

Yes No

If yes, please give the name of the business and the name of each partner:

PARTNERSHIP AND BACKGROUND INFORMATION

For purposes of this section, "Applicant" includes anyone owning a direct or indirect interest in the proposed franchise.

- 1. What % of the franchise would you own? %
- 2. Are you planning to have any partners?

Yes No

3. If yes, list them and their investment level (%):

PARTNER #1	INVESTMENT LEVEL	%
PARTNER #2	INVESTMENT LEVEL	%
PARTNER #3	INVESTMENT LEVEL	%

- Is any Applicant now, or has any Applicant ever been a defendant in any lawsuit?
 Yes No
- b. Has any Applicant ever filed for bankruptcy?

Yes No

c. Has any Applicant ever been convicted of a crime other than minor traffic violations?
 Yes No

If "yes" has been indicated for any of questions a-c, please identify the person and provide

further information:

BUSINESS REFERENCE

Company Name:		
Contact:		
Address:		
City:	Province:	Postal Code:
Phone:		
Company Name:		
Contact:		
Address:		
City:	Province:	Postal Code:
Phone:		

BANK REFERENCE			
Name of Bank:			
Contact:			
Address:			
City:	Province:	Postal Code	÷
Phone:			
Account in Name of:			
Account #:			
Type of Account:	Checking	Savings	Loan

EMPLOYMENT HISTORY

(Give present or most recent position first)		
May we contact your present Employer?	Yes	No
1. Name of Employer:		
Address:		
Employed: from	to	
Position:		
Duties and Responsibilities:		
2. Name of Employer:		
Address:		
Employed: from	to	
Position:		
Duties and Responsibilities:		

LOCATION PREFERENCE			
First Choice	Reason		
Second Choice	Reason		
Third Choice	Reason		
Would you be willing to relocate to obtai	n a Pizzatown franchise?	Yes	No
IF YES, WHERE?	WHY?		

LOCATION LEASE

1. Is the location leased or about to be leased by you?

Yes No

(If "**yes**" has been indicated for question 1, please complete a. to g. If you answered "**No**" skip to question 2.)

a. Landlord Name: Phone:

Mailing Address:

Address:

City:	Province:	Postal Code:
b.	Expected Date to Open as a Pizzatown Restaurant:	
C.	Number of Square Feet:	
d.	Number of Bathrooms:	

- e. Number of Parking Spaces:
- f. Amount of rent/mortgage: Seating Capacity:
- g. When did you obtain possession of the location, whether by lease or purchase?

2. If you don't have a secured location

- a. Are you currently looking for a space?
- b. Do you have any available spaces for lease in mind?
- c. Do you require help negotiating a lease?
- d. How much time do you require to secure a location?
- e. Expected Date to Open as a Pizzatown Restaurant:

I certify that the information that I provide on this questionnaire is complete and correct. It is understood and agreed that any material omission or misrepresentation by me on this application will be sufficient cause for cancellation of this application. I authorize the franchisor to verify any of the above information and I authorize the release of such information to the franchisor's designated agents. I hereby release from liability the franchisor for seeking such information. Nothing contained on this Preliminary Franchise Application constitutes an offer to award a franchise.

Signature of applicant

Print or type name

Date