



# FRANCHISE OPPORTUNITY APPLICATION FORM

## Personal Data

Mr.  Mrs.  Single  Married  Ms.  Miss  Separated  Divorced

Name \_\_\_\_\_

(Surname)

(Initial)

(First Name)

Address \_\_\_\_\_

(Street)

(City)

(Province)

(Postal Code)

(How long there?)

Previous Address \_\_\_\_\_

(If current less than five years)

(Street)

(City)

(Province)

(Postal Code)

(How long there?)

Home # ( ) \_\_\_\_\_ Business # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

Spouse \_\_\_\_\_

(First Name)

(Occupation)

(Employer)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.I.N. \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Dependents \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ S.I.N. \_\_\_\_/\_\_\_\_/\_\_\_\_

Present State of Health \_\_\_\_\_

Describe any physical disabilities or limitations \_\_\_\_\_

Have you ever been convicted of a criminal offence? Yes  No

If yes, give particulars \_\_\_\_\_

Are there any lawsuits, judgments or liens against you? Yes  No

If yes, give particulars \_\_\_\_\_

Have you ever filed bankruptcy or ever failed in any business? Yes  No

If yes, give particulars \_\_\_\_\_

Are you related to any employee, franchisee, Officer or Director of this company? Yes  No

If yes, give particulars \_\_\_\_\_

## Business & Employment History

Current Employer \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Type of Business \_\_\_\_\_

Position Annual Salary \_\_\_\_\_

Description of Responsibilities \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

## Business & Employment History (Continued)

Previous Employer \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Employer's Name & Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Position \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_

## Other Business Interests

Have you ever had your own business or been self-employed? Yes  No

If yes give particulars \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What other businesses have you investigated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been involved in any outside Companies or Directorships? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been a member of any Civic, Business or Professional association? Yes  No

If yes, give particulars \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had any previous work experience in the food industry? Yes  No

If yes, give particulars \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Education

Please indicate last year of school attended High School 1.  2.  3.  4.  5.

University 1.  2.  3.  4.  5.

Name of last school attended \_\_\_\_\_ Degree(s) achieved \_\_\_\_\_

Other course(s) or training (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other course(s) or training (please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Are you currently enrolled in any continuing education courses? Yes  No

If yes, give particulars \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any computer experience whatsoever? Yes  No

If yes, give particulars \_\_\_\_\_

\_\_\_\_\_

## Financial Information

### Personal Income (Annually)

What is the amount of cash investment you can personally commit to your business? Please list sources.

Salary or Wages \$ \_\_\_\_\_

Bonuses \$ \_\_\_\_\_

Dividends or Interest \$ \_\_\_\_\_

Spouse's Income \$ \_\_\_\_\_

Other Income (describe) \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Source

\_\_\_\_\_

\$ \_\_\_\_\_

Source

\_\_\_\_\_

\$ \_\_\_\_\_

Source

\_\_\_\_\_

\$ \_\_\_\_\_

Source

\_\_\_\_\_

\$ \_\_\_\_\_

TOTAL CASH INVESTMENT \$ \_\_\_\_\_

### Assets

Cash on hand and in bank(s) \$ \_\_\_\_\_

Securities & Stocks \$ \_\_\_\_\_

Mutual Funds & RRSPs \$ \_\_\_\_\_

Accounts receivable \$ \_\_\_\_\_

Principle residence (market value) \$ \_\_\_\_\_

Real Estate (other) \$ \_\_\_\_\_

Receivable mortgages \$ \_\_\_\_\_

Insurance cash value \$ \_\_\_\_\_

Personal property \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

### Liabilities

Accounts and notes payable \$ \_\_\_\_\_

Unpaid income taxes \$ \_\_\_\_\_

Other unpaid accounts (describe) \$ \_\_\_\_\_

Amounts owing on credit card(s) \$ \_\_\_\_\_

Loans on life insurance policies \$ \_\_\_\_\_

Real Estate mortgages payable \$ \_\_\_\_\_

Other mortgages and liens payable \$ \_\_\_\_\_

Other debts (describe) \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

## Financial Information (Continued)

TOTAL ASSETS ( + ) \$ \_\_\_\_\_  
LESS TOTAL LIABILITIES ( - ) \$ \_\_\_\_\_  
NET WORTH ( = ) \$ \_\_\_\_\_

## Real Estate

Description of Property	Date of Acquisition	Title in Name(s) of	Purchase Price	Current Market Value	Amount of Mortgage	Lending Institution

## Additional Information

Will you require assistance to obtain any financing to purchase this franchise? Yes  No

Are you a partner or investor in any other business venture? Yes  No

If yes, give particulars \_\_\_\_\_

\_\_\_\_\_

Would this business be owned by yourself? Yes  No

Would this business be owned by yourself, and a partner(s) or any investors? Yes  No

I understand that any associates who will co-operate with me in financing this operation must also complete a financial profile.

Forms may be sent to: Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Will any partner(s) or investor(s) be active in the franchise? Yes  No

How much capital if any would you have to borrow? \_\_\_\_\_

\_\_\_\_\_

## Additional Information (Continued)

If we select each other, my involvement would be: Full-time-operator? Yes  No

Husband/Wife Operator Yes  No

Part-time with other business interests: Yes  No  Absentee operator (Investment only) Yes  No

Would you be willing to re-locate? Yes  No

Franchise location areas in order of preferences: 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_,  
3<sup>rd</sup> \_\_\_\_\_

When will you be able to start this franchise adventure? \_\_\_\_\_

\_\_\_\_\_

Do you take any medication for any illness or condition? Yes  No

Are there any medical or other reasons you could not wear a complete uniform or carry out all daily functions of operating a Feta & Olives restaurant? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently know any Feta & Olives Franchisees or Corporate Personnel? Yes  No

If so, whom? \_\_\_\_\_

How did you become interested in Feta & Olives? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If granted a Feta & Olives Franchise, would it be your only source of income? Yes  No

If no, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours per week do you expect to work at your store? \_\_\_\_\_

Would you classify yourself as more "Management" or "Hands on Oriented"? \_\_\_\_\_

What day to day functions would you enjoy the most? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To what extent do you feel that "selling or introducing" the menu would increase your restaurant sales?

Not at all  10%  20%  30%  40%  50%  Above 50%

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

1. \_\_\_\_\_

Name

Address

Telephone

2. \_\_\_\_\_

Name

Address

Telephone

3. \_\_\_\_\_

Name

Address

Telephone

