



HOLY SHAKES



CONFIDENTIAL FRANCHISE APPLICATION FORM

ALL INFORMATION PROVIDED TO 416 HOSPITALITY GROUP INC. WILL BE TREATED CONFIDENTIALLY
PLEASE COMPLETE ALL SECTIONS OF APPLICATION. IN ORDER FOR THIS APPLICATION TO BE CONSIDERED,
A COPY OF THE APPLICANT'S DRIVERS LICENCE MUST BE INCLUDED

PERSONAL INFORMATION:		
Name:	SIN #:	Date Of Birth:
Address:	City:	Province:
Postal Code:	Home Tel: ()	Business Tel: ()
Email:	Cell #:	
Length at Present Address?:	Years: _____	Own: <input type="checkbox"/> Rent: <input type="checkbox"/>
Are you a Canadian Citizen:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If no, please give place of permanent residence and your immigration status in Canada:
Marital Status:	Spouse's Name:	No. of Children: Ages:
How much time will you devote to this Business?		Full-time: <input type="checkbox"/> Part-Time: <input type="checkbox"/>
Will spouse be active in the Business?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, Full-time: <input type="checkbox"/> Part-Time: <input type="checkbox"/>
Spouse's Occupation:		
Number of Dependants:	Ages of Dependants:	
Will there be any other active partners in this Business?:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, Full-time: <input type="checkbox"/> Part-Time: <input type="checkbox"/>
Name of Partner(s):		

Please Note: if you do have a partner a separate application form will be required to be submitted by them

Percentage of Ownership:	Person	Percentage

List any hobbies, community activities, special interests:

EDUCATION:

(Please circle last year of school completed)

High School	9 10 11 12 13	
College	1 2 3 4	Name of College:
University	1 2 3 4	Name of University:

List any courses related to retail sales or management:

List any languages that you are able to speak:

Read/Write:

What is your teaching/tutoring background?:

Have you taught any classes/school in the past, and if so where, what subject matters and for how long?:

Have you ever tutored before, and if so, where, in what subject matter and for how long?

GENERAL INFORMATION:

How did you hear of TKRE and/or HolyShakes?

Please list the geographical areas of interest to you for a TKRE and/or HolyShakes location (in order of preference)

1.	2.	3.
Are you willing to relocate?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, where?
Have you ever been self-employed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, what was the business?
Have you ever declared personal bankruptcy or had a business failure?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, state the reason, place and date of discharge.

Have you ever been convicted of a criminal offense?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, provide explanation
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PROFESSIONAL SERVICES:

Name, address and telephone number of lawyer acting on your behalf for this transaction:

Name:	Telephone No.:
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Address:

Name, address and telephone number of your accountant:

Name:	Telephone No.:
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Address:

EMPLOYMENT HISTORY – CURRENT EMPLOYER:

May we contact your present employer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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Company:	Address:
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Type of Business:	Position:	Salary:
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Employed from () to ()	Supervisor:	
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Telephone No. ()	Describe your duties/responsibilities:
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Previous Employers:

May we contact your previous employer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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Company:	Address:
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Type of Business:	Position:	Salary:
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Employed from () to ()	Supervisor:	
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Telephone No. ()	Describe your duties/responsibilities:
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Reason for leaving:

Previous Employers:

May we contact your previous employer?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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Company:	Address:
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Type of Business:	Position:	Salary:
Employed from () to ()	Supervisor:	
Telephone No. ()	Describe your duties/responsibilities:	
Reason for leaving:		

REFERENCES:

We require 2 Business References and 1 personal reference. Please indicate relationship to you below.

Name:	Telephone No. ()	Relationship:
Name:	Telephone No. ()	Relationship:
Name:	Telephone No. ()	Relationship:

PERSONAL PROFILE:

Please provide us with a brief overview of your business experience, musical background, personal plans and why you are interested in a TKRE and/or HolyShakes Franchise. Also, please outline your expectations of owning a TKRE and/or HolyShakes Franchise. (please add a separate page if necessary).

FINANCIAL INFORMATION:

Assets	Value	Liabilities	Owing
Chequing Account	\$	Chequing Account	\$
Savings Account	\$	Savings Account	\$
Other Account	\$	Personal Loans	\$
Other Account	\$	Credit Card	\$
Other Account	\$	Credit Card	\$
Other Account	\$	Credit Card	\$
Other Account	\$	Automobile	\$
Automobile	\$	Make	Year
Make	Year	Automobile	\$
Automobile	\$	Make	Year
Make	Year	Home Mortgage	\$

Home	\$		Income Property Mortgage	\$
FINANCIAL INFORMATION CONT'D:				
Income Property	\$		Recreational Property Mortgage	\$
Recreational Property	\$		Other Property Mortgage	\$
Other Property	\$		Other Property Mortgage	\$
Account Notes Receivable	\$		Account Notes Payable	\$
Stocks & Bonds	\$		Lines of Credit	\$
Life Insurance (cash value)	\$		Other Liabilities (please itemize)	\$
Retirement Accounts	\$			\$
Other Assets (please itemize)	\$			\$
	\$			\$
	\$			\$
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$
Income – Annual Salary	\$			
Income – Bonus/Commissions	\$		NET WORTH (Assets minus liabilities)	\$
Income – Spouses Salary	\$			
Income – Real Estate	\$		Please state the amount of <i>unencumbered</i> cash available to invest in a TKRE and/or HolyShakes Franchise	\$
Income – Other	\$		Are you providing your personal support as a consigner, endorser, a guarantor? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
TOTAL	\$			

I hereby certify that, all information provided in this application is true and correct as of the date below. I authorize 416 HOSPITALITY GROUP INC. or, its affiliates or agents to conduct any necessary bankruptcy cheques, receivership checks, civil litigation checks, criminal background checks, credit and/or reference checks, take a Polaroid picture upon approval and hereby waive my right conferred upon me by statute or otherwise regarding any disclosures obtained by 416 HOSPITALITY GROUP INC. or its affiliates and agents. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between myself and 416 HOSPITALITY GROUP INC.

The submission of this application does not obligate myself or the corporation in any way or manner.

DATE: _____ SIGNATURE: _____

Please return completed application together with a copy of a valid driver's licence to:

416 HOSPITALITY GROUP INC.

Address: 10 Gillingham Drive, Unit 113, Brampton, Ontario.

Attention: Franchising Department

For more information about 416 HOSPITALITY GROUP INC. please visit <https://holyshakes.ca/live-milkshake-bars/> or <http://www.thekathirollexpress.com/>