



CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in T.O.'s Kathi Roll Eatery (TKRE) and Holy Shakes. To properly evaluate your Application, please provide all necessary information, sign and return the completed Application. Attach any additional information such as Resume copy, etc. that you wish us to consider when evaluating your Application. Should your discovery evolve to a franchise award, please note that we will require copies of supporting financial documentation. All information will be treated as confidential and does not obligate either party.

Personal Information

(Please Print)

Name: _____
(Last) (First) (Middle)

Current Address: _____

City: _____ Province: _____ Postal Code: _____

How long at this address? _____ Do you: Own Rent Other

Tel: Residence: _____ Business: _____ Mobile: _____

Email: _____

Best time to phone: *(Residence)* _____ AM / PM *(Business)* _____ AM / PM

Date of Birth *(D/M/Y)*: _____

Are you a citizen of Canada? Yes No If not, what country? _____

Residency Status: Landed Immigrant _____ Canadian Resident _____

Do you hold a valid Driver's Licence? Yes No

What language(s) do you speak fluently? _____

Marital Status: Single Married Divorced

Name of spouse: _____
(Last) (First) (Middle)

Spouse's Date of Birth *(D/M/Y)*: _____ Spouse's Occupation: _____

Number of Dependents: _____ Ages of Dependents: _____

Will your spouse be involved in the business? Yes No

Employment History
(Please include your Resume)

Are you presently employed? Yes No

Business Employment for the past five (5) years commencing with the most recent position:

Employer	Position	Employed From	Responsibilities	Most Recent Annual Income

Education

Name of Institution	City/Country	Degrees/Diplomas Obtained

Describe any training received within the hospitality segment, sales or management?

General Information

How did you hear about franchise opportunities with TKRE and Holy Shakes?

Have you ever owned your own business / a franchise? If so, please describe.

What are your reasons for going into business for yourself?

List the characteristics that best describe you:

What are your hobbies, community activities, or special interests?

General Information *(continued)*

What would you do to make your business successful?

What does the term "**franchising**" mean to you? How would you describe the roles of the franchisor and the franchisee?

Who will be responsible for the daily operation of your business? _____

How many hours per week are you willing to devote to your business? _____

Will you have a business partner(s), other than your spouse? Yes No

Name of partner(s) _____
(each business partner must complete and submit a separate Application Form)

Partner's involvement: *(please circle)* Full-time Part-time Investment Only

Franchise location preferences *(city names)*:

1. _____
2. _____
3. _____

When would you be ready to invest in your franchise? _____

References *(references will **not** be called without your prior consent)*:

1. _____ Telephone Number: _____
2. _____ Telephone Number: _____

FINANCIAL INFORMATION

Have you ever filed for bankruptcy protection? Yes No When

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

Are you currently, or have you been a defendant, in any civil or criminal suits or legal actions? If yes, please provide details:

Do you have a current copy of your credit report? Yes No

PERSONAL NET WORTH STATEMENT

ASSETS	\$	LIABILITIES	\$
Cash on Hand and in Banks		Bank Loan(s) Payable	
Marketable Securities <i>(not including R. R.S.P.)</i> – Present Market Value		Credit Card(s) Payable	
Accounts and Loans Receivable		Loan(s) payable to Friends and Relatives	
Real Estate – Primary Residence <i>(Present Market Value)</i>		Mortgage – Primary Residence	
Real Estate – Other <i>(Present Market Value)</i>		Mortgage – Other	
Life Insurance – Cash Surrender Value		Loan(s) against Life Insurance	
Automobile(s) <i>(registered in own name)</i>		Income Tax Payable	
R.R.S.P.		Other Liabilities <i>(Itemize)</i>	
Net Value of Business Interests			
Other Assets <i>(Itemize)</i>			
TOTAL ASSETS		TOTAL LIABILITIES	
		TOTAL NET WORTH <i>(Total Assets minus Total Liabilities)</i>	

Liquid Capital to Invest In Franchise: _____

Source(s) of Liquid Capital: _____

I understand that the submission of this Application does not obligate me or 416 Food Truck Company Inc. in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that 416 Food Truck Company Inc. has the sole right to approve or disapprove the Application for any reason it may determine and in the event that 416 Food Truck Company Inc. disapproves the Application, 416 Food Truck Company Inc. shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. 416 Food Truck Company Inc. is authorized to investigate my background as it pertains to my qualifications. I further authorize 416 Food Truck Company Inc. to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential franchisee.

Signature

Date

To submit your completed application, please, upload and submit it on the Franchise web page using the online form or email it directly to: franchising@416hospitalitygroup.com