



# Franchise Application

## Personal Data (please print or type)

First Name: \_\_\_\_\_ Last Name: : \_\_\_\_\_

Address: : \_\_\_\_\_

\_\_\_\_\_ No. of years at this address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number/  
Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Dependants: \_\_\_\_\_ Age of Dependants: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation of Spouse: \_\_\_\_\_

## Education

Highest level of education completed: \_\_\_\_\_

Name of School, College or University: \_\_\_\_\_ Diploma Received: \_\_\_\_\_

## Work History and Goals

Are you presently employed? Yes \_\_\_ No \_\_\_ If yes, list details of present employment. If no, list details of last job.

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ City/Province or State: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your title/duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Service with this company: \_\_\_\_\_

Were you promoted within this company: Yes \_\_\_ No \_\_\_ Reason for leaving (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Work History and Goals continued

How long have you been seeking a business? \_\_\_\_\_

Would you plan on working full time at your business? Yes \_\_\_ No \_\_\_

If no, explain: \_\_\_\_\_

Will you have a partner? Yes \_\_\_ No \_\_\_ Will he/she be active in the business? Yes \_\_\_ No \_\_\_

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

Do you have any family members who will participate? Yes \_\_\_ No \_\_\_

Indicate their relationship to you: \_\_\_\_\_

Why are you interested in the inquired about franchise?

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In what area do you see opening a the inquired about franchise and why do you view this as a market with potential?

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What personal qualities and qualifications do you possess that you feel would enable you to operate a successful franchise?

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What do you feel would be the key ingredients for the success of a Franchisee?

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Are you presently associated with, or have an interest in, any other business? Yes \_\_\_ No \_\_\_ If yes, please explain:

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Have you or a company with which you were associated ever declared bankruptcy? If yes, please explain:

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Professional References (please indicate name, telephone number & relationship):

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

Personal References (please indicate name, telephone number & relationship):

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

## Financial Information

I MAKE THE FOLLOWING STATEMENT OF ALL MY ASSETS AND LIABILITIES AS OF THE \_\_\_\_ DAY \_\_\_\_\_ MONTH OF 20\_\_

### Assets

- |   |                 |
|---|-----------------|
| 1. Cash                                 | \$ _____        |
| 2. Accounts/Loans Receivable            | \$ _____        |
| 3. Investments (itemized)               | \$ _____        |
|   | \$ _____        |
|   | \$ _____        |
| 4. Real Estate (value)                  | \$ _____        |
| 5. Automobiles (registered in own name) | \$ _____        |
| <b>Total Assets</b>                     | <b>\$ _____</b> |

### Banking Relations

(A list of all my bank accounts, including Savings and Loans)

Name and Location of Bank:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Liabilities and Net Worth

- |   |                 |
|---|-----------------|
| 1. Notes payable to Banks (direct borrowing only) | \$ _____        |
| 2. Accounts payable (incl. credit cards)          | \$ _____        |
| 3. Mortgages payable on Real Estate               | \$ _____        |
| 4. Other Liabilities (itemized)                   | \$ _____        |
|   | \$ _____        |
|   | \$ _____        |
| <b>Total Liabilities</b>                          | <b>\$ _____</b> |

### Sources of Income

- |                         |          |
|-------------------------|----------|
| Salary                  | \$ _____ |
| Bonus Commissions       | \$ _____ |
| Dividends and Interest  | \$ _____ |
| Other Income (itemized) | \$ _____ |
|                         | \$ _____ |
|                         | \$ _____ |

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

**Net Worth (Assets less Liabilities)** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**My income expectations are:** \$ \_\_\_\_\_

### Disclaimer:

The information I have provided herein is accurate to the best of my knowledge. I understand that The Tip & Sip Café's., acceptance of this information is not an assurance that I will be granted a Franchise and/or a particular market.

I acknowledge that the purposes for the collection of the information include (i) use of the information to assess the candidate's suitability as a franchisee or guarantor of a franchisee; (ii) transfer of certain of the information to a third party, such as an accountant or consumer reporting agency to conduct further due diligence; (iii) transfer of the information to a master franchisee or area developer for assessment; (iv) use of the information for statistical, modelling or other franchisee marketing purposes, if applicable; (v) administration of the franchise; (vi) sale or transfer of the franchisor and all or any portion of its assets; (vii) disclosure to future franchisees as required by law and otherwise restricted to non-sensitive personal information; and (viii) such other reasonable purposes as may be required from time to time. By submitting this form, I agree to the above uses of my information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_