

## CONFIDENTIAL FRANCHISE APPLICATION

- International News  
  INS Market  
  Fit For Life  
  Pure Health  
 Treats

| PLEASE PRINT OR TYPE  |                |  |                   |
|---|----------------|--|-------------------|
| PERSONAL DATA   |                |  |                   |
| NAME OF APPLICANT   |                | SOCIAL INSURANCE/SECURITY NUMBER   |                   |
| ADDRESS   |                | DATE OF BIRTH  | TELEPHONE (HOME)  |
| CITY  |                | PROVINCE/STATE   | POSTAL/ZIP CODE   |
| TELEPHONE (WORK)  |                | NO. OF DEPENDENTS  |                   |
| HOW LONG AT THIS ADDRESS?   | MARITAL STATUS | IF MARRIED, SPOUSE'S NAME SOC.INSUR. /SECUR. NO.   | NO. OF DEPENDENTS |
| PREVIOUS ADDRESS  |                | Email Address  |                   |
| CITY  |                | PROVINCE/STATE   | POSTAL/ZIP CODE   |
| HOW MANY YEARS?   |                |  |                   |
| EDUCATION   |                |  |                   |
| LAST GRADE COMPLETED/SCHOOL   |                | COLLEGE OR UNIVERSITY DEGREE   |                   |
| GENERAL   |                |  |                   |
| DATE THAT YOU WILL BE AVAILABLE TO OPEN THE BUSINESS  |                | WILL YOU WORK IN THE BUSINESS?   |                   |
|   |                | YES <input type="checkbox"/> NO <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> |                   |
| IF NO, OR PART-TIME – EXPLAIN   |                |  |                   |
| Please, indicate geographical preference (if not exactly, give general area preferred)  |                | MASTER FRANCHISE?  |                   |
| LOCATION 1.   |                | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                   |
| LOCATION 2.   |                | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                   |
| LOCATION 3.   |                | YES <input type="checkbox"/> NO <input type="checkbox"/>   |                   |
| Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or are you currently involved in a criminal proceeding or law suit? YES <input type="checkbox"/> NO <input type="checkbox"/> |                |  |                   |
| If yes, give details:   |                |  |                   |
| .....   |                |  |                   |
| .....   |                |  |                   |
| .....   |                |  |                   |
| BUSINESS REFERENCES (WE MIGHT CONTACT AFTER INTERVIEW)  |                |  |                   |
| EMPLOYER  |                | CONTACT NAME   | TELEPHONE         |
| ADDRESS   |                | POSTAL/ZIP CODE  | POSITION HELD     |
| EMPLOYER  |                | CONTACT NAME   | TELEPHONE         |
| ADDRESS   |                | POSTAL/ZIP CODE  | POSITION HELD     |
| EMPLOYER  |                | CONTACT NAME   | TELEPHONE         |
| ADDRESS   |                | POSTAL/ZIP CODE  | POSITION HELD     |
|   |                |  |                   |

## PERSONAL REFERENCES (NOT RELATIVES)

|         |                |                 |
|---------|----------------|-----------------|
| NAME    | RELATIONSHIP   | TELEPHONE       |
| ADDRESS | PROVINCE/STATE | POSTAL/ZIP CODE |
| NAME    | RELATIONSHIP   | TELEPHONE       |
| ADDRESS | PROVINCE/STATE | POSTAL/ZIP CODE |
| NAME    | RELATIONSHIP   | TELEPHONE       |
| ADDRESS | PROVINCE/STATE | POSTAL/ZIP CODE |

## CREDIT REFERENCES (BANKS, TRUSTS, OTHERS)

|         |                  |                    |
|---------|------------------|--------------------|
| NAME    | CONTACT NAME     | TELEPHONE          |
| ADDRESS | SAVING ACCT. NO. | CHECKING ACCT. NO. |
| NAME    | CONTACT NAME     | TELEPHONE          |
| ADDRESS | SAVING ACCT. NO. | CHECKING ACCT. NO. |
| NAME    | CONTACT NAME     | TELEPHONE          |
| ADDRESS | SAVING ACCT. NO. | CHECKING ACCT. NO. |

## CREDIT CARDS (LIST ALL MAJOR CARDS HELD)

| CARD NAME | ACCOUNT NUMBER | EXPIRY DATE |
|-----------|----------------|-------------|
|           |                |             |
|           |                |             |
|           |                |             |
|           |                |             |
|           |                |             |

## FINANCIAL

|                                     |  |
|-------------------------------------|--|
| CURRENT ANNUAL INCOME (ALL SOURCES) | HOW MUCH DO YOU EXPECT TO EARN, INITIALLY, FROM YOUR BUSINESS? |
|-------------------------------------|--|

**THE FOLLOWING TABLE WILL HELP YOU FIND OUT YOUR "NET WORTH". PLEASE COMPLETE.**

| ASSETS                              |          | LIABILITIES                      |          |
|-------------------------------------|----------|----------------------------------|----------|
| CASH ON HAND & BANK .....           | \$ _____ | NOTES PAYABLE TO BANK(S).....    | \$ _____ |
| NOTES DUE TO ME (RECEIVABLES) ..... | \$ _____ | NOTES & ACCOUNTS PAYABLE .....   | \$ _____ |
| CASH VALUE ON INSURANCE(S).....     | \$ _____ | LOANS ON LIFE INSURANCE .....    | \$ _____ |
| REAL ESTATE .....                   | \$ _____ | REAL ESTATE MORTGAGE (YEARLY)... | \$ _____ |
| STOCK AND BONDS .....               | \$ _____ | UNPAID TAXES .....               | \$ _____ |
| CASH VALUE OF CAR(S) .....          | \$ _____ | OTHER LOAN(S) .....              | \$ _____ |
| MISCELLANEOUS .....                 | \$ _____ | MISCELLANEOUS .....              | \$ _____ |
| <b>TOTAL ASSETS</b> .....           | \$ _____ | <b>TOTAL LIABILITIES</b> .....   | \$ _____ |

**NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES) =**

INDICATE INVESTMENT AND WORKING CAPITAL AVAILABLE:

\$25,000   
  \$50,000   
  \$75,000   
  \$100,000   
  \$125,000   
  \$150,000 OR MORE

## IMPORT RESTRICTIONS ON FOOD PRODUCTS

ARE THERE ANY RESTRICTIONS ON THE IMPORTATION OF FOOD PRODUCTS FOR THE TERRITORY THAT YOU ARE CONSIDERING:

YES  NO  IF YES, PLEASE STATE DETAILS:

## CURRENCY TRANSFER RESTRICTIONS

ARE THERE ANY RESTRICTIONS ON THE TRANSFER OF CURRENCY FOR THE TERRITORY THAT YOU ARE CONSIDERING:

YES  NO  IF YES, PLEASE STATE DETAILS:

## RESTAURANT/FRANCHISE EXPERIENCE

DO YOU NOW OR HAVE YOU EVER OWNED A FOOD SERVICE or RETAIL MERCHANDISE OPERATION:

YES  NO  IF YES, PLEASE STATE DETAILS:

DO YOU NOW OR HAVE YOU EVER HAD EXPERIENCE IN RETAIL DISTRIBUTION SUCH AS FRANCHISING:

YES  NO  IF YES, PLEASE STATE DETAILS:

## MARKET INFORMATION

HOW DID YOU BECOME INTERESTED IN OUR FRANCHISE PROGRAM (SPECIFY WHICH PROGRAM):

WHY DO YOU THINK OUR PRODUCTS AND PROGRAMS WILL BE SUCCESSFUL IN YOUR AREA?

WHAT ARE THE EXISTING Fast Food and/or Convenience Retail Outlets/CHAINS IN THE AREA?

WHAT FAST FOOD FRANCHISES EXIST IN YOUR AREA? HOW MANY ARE THERE OF EACH?

## ECONOMIC/FINANCIAL INFORMATION

WHAT ARE THE CURRENT RETAIL RENTAL RATES IN YOUR AREA?

WHAT ARE THE CURRENT LABOUR RATES (HOURLY & MANAGERIAL WAGES) IN YOUR AREA?

WOULD OTHER BUSINESS PARTNERS PARTICIPATE IN THE DEVELOPMENT OF OUR FRANCHISE PROGRAM(S) IN THE TERRITORY YOU ARE CONSIDERING:

YES  NO  IF YES, PLEASE LIST PARTNERS AND THEIR ANTICIPATED ROLE:

DO YOU HAVE ANY JUDGEMENT(S), LIEN(S) OR SUIT(S) PENDING? YES  NO  IF YES, PLEASE EXPLAIN:

AS A CONDITION OF MY APPLICATION, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT Either International News and/or Fit For Life WILL BE MAKING A FINAL DECISION BASED SOLELY ON NON-DISCRIMINATORY CONSIDERATIONS AND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS JUST CAUSE FOR THE REJECTION OF MY APPLICATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**INTERNATIONAL**  
**News**<sup>TM</sup>



**Fit** *for* **Life**  
sandwich bar



***Confidential Franchise  
Application***