

**CONFIDENTIAL FRANCHISE APPLICATION FORM**

***This Application is kept confidential. Neither party is bound in any way by the submission of this Application. Please fill out this application in full, to the best of your abilities. Please type or print clearly and attach additional documents or schedules, if necessary.***

Date:

# PERSONAL INFORMATION

Name: Social Insurance No.:

Address: Unit:

City: Province: Postal Code:

Res Tel: Bus Tel: Cell No:

Fax No: E-mail Address:

Date of birth: Marital status: No. of dependents:

Spouse’s name: Spouse’s occupation:

Country of citizenship: Place of permanent residency:

Have you ever been convicted of a criminal offence or have any criminal charge pending or being appealed, or are you under indictment? Yes  No  If yes, please give details:

Have you ever been a member of any organization involved in terrorist activity in Canada or elsewhere? Yes  No 

Have you ever been involved in terrorist activity in Canada or elsewhere? Yes  No  **Please Note: A separate application will be required for each partner**

# BUSINESS INTEREST

How did you become interested in a Mo’Cha franchise and why?

Have you ever owned or had an interest in any operation within the food service industry?

Yes  No  if yes, please give details:

Have you ever been involved in any litigation or arbitration/mediation with respect to your previous business history? Yes  No  If yes, please explain:

What percent of the business will you own? %

Who will be responsible for the day-to-day operations? Will you have a business partner? Yes  No  if yes, please give name of each partner:

1) 2)

# Note: A separate application and financial statements are required for each partner. LOCATION PREFERENCES

If you have preferences for specific locations/cities, please list them below.

1.

2.

3.

4.

5.

If qualified, when will you invest in a Franchise (check one)?

 Now  Within 3 months  3 to 6 months  6 to 12 months  Over 12 months Would you be willing to relocate in order to obtain a Mo’Cha franchise? Yes  No 

**EMPLOYMENT HISTORY** (Give present or most recent position first) May we contact your present employer? Yes  No 

Name of Firm:

Address:

Employed from: to:

Position:

Duties and Responsibilities:

Name of Firm:

Address:

Employed from: to:

Position:

Duties and Responsibilities:

**EDUCATIONAL BACKGROUND** (circle last year of school completed)

High School  9  10  11  12 College  1  2  3  4

Post graduate  1  2  3  4 Majors & Degree(s)

Other:

# PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this day of ,201

|  |  |
| --- | --- |
| **ASSETS** |  |
| Cash on hand and unrestricted in the bank: | $  |
| Vested profit sharing/pension: | $  |
| Listed stocks/bonds/debentures: | $  |
| Notes/accounts/mortgage receivable: | $  |
| Real Estate: | $  |
| Other assets: | $  |

Total Assets: $

|  |  |
| --- | --- |
| **LIABILITIES** |  |
| Accounts/Credit cards payable: | $  |
| Notes/Loans payable to banks, unsecured: | $  |
| Notes/Loans payable to banks, secured: | $  |
| Notes payable to others, secured and unsecured: | $  |
| Mortgages payable on Real Estate: | $  |
| Taxes and assessments payable: | $  |
| Other liabilities: | $  |

Total Liabilities: $

# NET WORTH

Net Worth (Total Assets - Total Liabilities): $

# SOURCE OF INCOME

Current household income (you & your spouse combined):

65 – 75K 

75 – 100K 

100 – 200K 

200K + 

The undersigned certifies that the information furnished in this Franchise Application is a true and correct statement of my (our) financial condition on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) authorize Zest Brands Inc. to obtain credit reports and other reports pertinent to this application.

Dated this day of , 20

Full Name:

Signature: