

# CHICKEN DELIGHT of CANADA LTD.

395 Berry St. Winnipeg, Manitoba R3J 1N6 Ph: 204.885.7570 Fax: 204.831.6176

---

## FRANCHISE APPLICATION FORM

---

The information on this form will be kept confidential. Completing this form **does not** place any obligation on the applicant to purchase, or the franchisor to sell the franchise to the applicant.

PERSONAL INFORMATION
----------------------

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

CITY: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Tel Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Will your spouse be active in the business? \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_ Spouse/Partner's occupation: \_\_\_\_\_

Citizenship? Canadian \_\_\_\_\_ American \_\_\_\_\_ Other (specify) \_\_\_\_\_

If "other" what is your immigration status \_\_\_\_\_

Have you ever owned your own business before? \_\_\_\_\_

Details: \_\_\_\_\_

Are you currently party to any legal action? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

---

EMPLOYMENT HISTORY

Company: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Duties / responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Duties / responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Type of business: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Position: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

Duties / responsibilities: \_\_\_\_\_

APPLICANT PROFILE

Have you or your spouse ever applied for a franchise before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, details: \_\_\_\_\_

How many hours do you currently work in a week? \_\_\_\_\_

How many hours do you plan on devoting to a franchise, if you acquire one? \_\_\_\_\_

Who would be responsible for the day to day operations? \_\_\_\_\_

If you were awarded a franchise, what would you do to make the business successful?  
\_\_\_\_\_

REFERENCES

Name and Relationship	City, Province/State	Phone Number
1.		
2.		
3.		

LOCATION PREFERENCE

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Others: \_\_\_\_\_

Would you be willing to relocate? \_\_\_\_\_

If yes, where to / or how far? \_\_\_\_\_

BUSINESS INFORMATION

What percentage of the restaurant will you own? \_\_\_\_\_

Will you have a business partner or partners? \_\_\_\_\_

If yes, your partner(s): \_\_\_\_\_

Name: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Investment only \_\_\_\_\_

Name: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Investment only \_\_\_\_\_

Name: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Investment only \_\_\_\_\_

What other businesses do you have an interest in? \_\_\_\_\_

How do you plan to finance this business venture? \_\_\_\_\_

If financing, what collateral will you use? \_\_\_\_\_

If qualified, when would you be ready to invest in your franchise? \_\_\_\_\_

Do you understand that the success of your franchise is primarily your responsibility? \_\_\_\_\_

Please list the names and addresses of your professional advisor's and references:

**LAWYER:**

FIRM: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**ACCOUNTANT:**

FIRM: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**BANKER:**

FIRM: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**ALTERNATE BANKER:**

FIRM: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Do you give us your permission to contact these advisors? Yes \_\_\_\_\_ No \_\_\_\_\_

**FINANCIAL NET WORTH**

Personal financial information as of today (enter today's date): \_\_\_\_\_

<b>ASSETS</b>	<b>VALUE</b>	<b>LIABILITIES</b>	<b>VALUE</b>
CASH ON HAND	\$	LOANS	\$
SECURITIES (STOCKS / BONDS)	\$	LOANS AGAINST SECURITIES	\$
ACCOUNT & NOTES RECEIVABLE	\$		\$
PERS. RESIDENCE (MARKET VALUE)	\$	MORTGAGE (BALANCE OWING)	\$
OTHER REAL ESTATE	\$	MORTGAGES (BALANCES OWING)	\$
AUTOMOBILES	\$	CAR LOANS (BALANCE OWING)	\$
RRSP'S / IRA'S	\$		\$
OTHER ASSETS	\$	CREDIT CARD BALANCES	\$
LIFE INSURANCE (CASH VALUE)	\$	LOANS AGAINST INSURANCE	\$
<b>TOTAL ASSETS:</b>	\$	<b>TOTAL LIABILITIES:</b>	\$
<b>TOTAL NET WORTH: (ASSETS – LIABILITIES) \$</b>			

**PLEASE READ CAREFULLY**

I hereby certify to the best of my knowledge and belief, the answers given by me to the foregoing questions and all statements made by me in this application are correct.

I hereby authorize Chicken Delight of Canada Ltd., or its agent, to verify any and all data submitted, and to make any additional credit and financial investigation that it deems necessary or advisable.

I hereby authorize Chicken Delight of Canada Ltd., or its agent, to obtain background character information regarding me which it deems necessary or advisable

I understand that any false information or consequential omission in this application would cause for immediate termination of any subsequent agreement reached between Chicken Delight of Canada Ltd. and myself.

I recognize that Chicken Delight of Canada Ltd. is not in any way obligated to franchise a store to me because of our execution of this document.

I understand that any false statement, or material omission on my part, shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Chicken Delight of Canada Ltd.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SIGANATURE (Spouse): \_\_\_\_\_