

CHICKEN DELIGHT OF CANADA LTD.

395 Berry Street, Winnipeg, Manitoba, R3J 1N6, Ph: 204.885.7570

FRANCHISE APPLICATION FORM

Please fill this form and send it to tsukhadiya@chickendelight.com.

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: _____

Last Name: _____ 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 Name: _____ Spouse 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? _____

FINANCIAL NET WORTH

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

ASSETS	VALUE	LIABILITIES	VALUE
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	\$
TOTAL ASSETS:	\$	TOTAL LIABILITIES:	\$
TOTAL NET WORTH: (ASSETS – LIABILITIES) \$			

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

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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 Number: _____

Accountant:

Firm: _____ Contact: _____

Address: _____ Phone Number: _____

Banker:

Firm: _____ Contact: _____

Address: _____ Phone Number: _____

Alternate Banker:

Firm: _____ Contact: _____

Address: _____ Phone Number: _____

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

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: _____

SIGNATURE (Spouse): _____

