



FRANCHISE APPLICATION FORM

This Application is kept confidential. Neither party is bound in any way by the submission of this Application. This Application must be completed in full and returned to receive further contact and information from Joe Beeverz. Please type or print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Date: _____

PERSONAL INFORMATION

Name: _____ Social Insurance No. ____/____/____

Address: _____ Unit # _____

City: _____ Province: _____ Postal Code: _____

Res Tel: (____) ____ - ____ Bus Tel: (____) ____ - ____

Cell 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 state details:

BUSINESS INTEREST

How did you become interested in a Joe Beeverz 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? ___% Will you work in the business full time? Yes (___) No (___) If no, please explain: _____

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

1st Preference: _____

Location City Province

2nd Preference: _____

Location City Province

3rd Preference: _____

Location City Province

EMPLOYMENT HISTORY (Give present or most recent position first)

May we contact your present employer? Yes (___) No (___)

Name of Firm: _____

Address: _____

Type of business: _____ Employed from: _____ to _____

Supervisor: _____ Telephone: (____) ____ - _____

Position: _____ Annual Compensation: \$ _____

Duties and Responsibilities: _____

Name of Firm: _____

Address: _____

Type of business: _____ Employed from: _____ to _____

Supervisor: _____ Telephone: (____) ____ - _____

Position: _____ Annual Compensation: \$ _____

Duties and Responsibilities: _____

Have you ever worked within the food service industry? Yes (___) No (___) if yes, when & where?

Describe any training in sales, management or retailing: _____

Have you ever been self-employed? Yes (___) No (___) if yes, explain _____



EDUCATIONAL BACKGROUND (circle last year of school completed) _____

High School 9 10 11 12 College 1234 Other _____
 Post - graduate 1 2 3 4 Majors & Degree(s) _____

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this ____ day of _____ 20__

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

Salary \$ _____
 Bonus \$ _____
 Dividends/Interest \$ _____
 Real Estate income \$ _____
 Business profits \$ _____
 Spousal income \$ _____
 Total Income \$ _____



How will you finance this business venture? Cash \$ _____ Loan \$ _____

What is the source of this Capital? _____

BANKING INFORMATION

Bank name _____ Location _____ Account Number/Type _____ How Long? _____

Bank name _____ Location _____ Account Number/Type _____ How Long? _____

LISTED STOCKS, BONDS AND DEBENTURES

Description	\$ Face Value	\$ Cost	\$ Present Value	\$ Last Yr Income
_____	_____	_____	_____	_____

Description	\$ Face Value	\$ Cost	\$ Present Value	\$ Last Yr Income
_____	_____	_____	_____	_____

Description	\$ Face Value	\$ Cost	\$ Present Value	\$ Last Yr Income
_____	_____	_____	_____	_____

REAL ESTATE HOLDINGS

Address _____	Registered Owner _____
_____ \$ _____	_____ \$ _____
Mortgagee _____	Cost _____ Present Value _____ Mortgage Owning _____

Address _____	Registered Owner _____
_____ \$ _____	_____ \$ _____
Mortgagee _____	Cost _____ Present Value _____ Mortgage Owning _____

Address _____	Registered Owner _____
_____ \$ _____	_____ \$ _____
Mortgagee _____	Cost _____ Present Value _____ Mortgage Owning _____

PERSONAL REFERENCES (Please name three persons who have known you for at least two years) _____

- | | |
|------------|--|
| 1. _____ | (____) _____ - _____ |
| Name _____ | Address _____ Occupation _____ Telephone _____ |
- | | |
|------------|--|
| 2. _____ | (____) _____ - _____ |
| Name _____ | Address _____ Occupation _____ Telephone _____ |
- | | |
|------------|--|
| 3. _____ | (____) _____ - _____ |
| Name _____ | Address _____ Occupation _____ Telephone _____ |



FRANCHISE APPLICATION ACKNOWLEDGEMENT

Privacy Legislation deems that personal information collected by a corporation from any individual is considered confidential and may not be used or disclosed by the corporation for any purpose unless either the individual has consented to such disclosure or a legislative exception applies such that consent is not required. Your signature on this form constitutes consent for Joe Beeverz to:

1. Use the personal information contained in this form to consider your application and, if your application is accepted, for internal use and for use in any documents promoting Joe Beeverz franchise business.
2. Disclose the personal information contained in this form to any person, firm or corporation and collect additional personal information from such person(s), firm(s) or corporations(s) for the purposes of verifying the personal information contained in this form and determining whether or not you would be a suitable Joe Beeverz franchisee.

In particular, the undersigned acknowledges that an investigation may be made with respect to the personal information contained in this form and that further information may be gathered with respect to the undersigned's financial status. The undersigned authorizes his or her former employers, educational institutions, financial institutions and references to release personal information in their possession regarding the undersigned to Joe Beeverz. The undersigned voluntarily waives all recourse and releases Joe Beeverz from any claim or liability whatsoever in any way relating to such an investigation or to the use of the results of such an investigation. The undersigned also releases any person, firm or corporation providing personal information to Joe Beeverz from any claim or liability whatsoever in any way relating to the information provided by them.

The undersigned further acknowledges that Joe Beeverz has many criteria for accepting a franchisee, and has the right to reject any applicant without itemizing the reasons for such rejection.

The undersigned certifies that this form has been completed fully and accurately, to the best of his or her knowledge, and that it includes true and accurate information concerning the financial condition of the undersigned as of the date hereof. Any false information or material omission in this form could result in the disqualification of the application from consideration and immediate termination of any agreement reached between the undersigned and Joe Beeverz if discovered after the application is accepted.

If an applicant's application is rejected, the applicant will be required to submit a new application if he/she wishes to re-apply Joe Beeverz confirms that it will comply with all applicable privacy legislation in the retention and destruction of such information.

DATED THE _____ DAY OF _____, 20 _____

APPLICANT'S SIGNATURE

APPLICANT'S NAME (please print)

SPOUSE'S SIGNATURE (if applicable)

SPOUSE'S NAME (please print)