

Franchise Application Form

PERSONAL INFORMATION

Name: _____ Date of birth: _____
Home phone no.: _____ Business phone no.: _____
Address: _____
E-mail: _____

Languages (written and spoken): Social insurance number: _____
☐ French
☐ English
Citizenship: _____

Have you ever been convicted of a non-minor offence under the Highway Safety Code?

☐ YES
☐ NO

Are you currently involved in an ongoing legal dispute?

☐ YES
☐ NO

Have you or your spouse ever declared personal bankruptcy?

☐ YES
☐ NO

EDUCATION

Level of education : _____ Year: _____
Institution: _____

Field of study:

Please describe any other relevant management and business training you have undergone:

MANAGEMENT EXPERIENCE

Position:

Years:

Company:

Please describe your tasks, responsibilities, and number of employees under your supervision (if applicable):

APPLICATION DETAILS

Are you associated with or interested in any other company?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, please explain:

Will you be the sole investor of this project?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If not, please name the other investors involved:

Will you be the senior manager of the franchise?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Do you plan to turn this project into your full-time job?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

Do have any experience in the food service industry?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, please explain:

Have you ever owned a business?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

If yes, please explain:

Why are you interested in a Tazza Caffè franchise?

PERSONAL FINANCIAL STATEMENT

ASSETS

Bank loans: _____

Total credit card balance: _____

Accounts payable (e.g. auto financing): _____

Life insurance loans: _____

Mortgage: _____

RRSP and other pension plans: _____

Other assets: _____

Total assets: _____

LIABILITIES

Accounts receivable and current loans: _____

Real property holdings (market value): _____

Cash surrender value of life insurance: _____

RRSP and other pension plans: _____

Other property and goods (market value): _____

Total liabilities: _____

ANNUAL REVENUE

Salary: _____

Dividends et shares: _____

Bonuses and
commissions: _____

Other
revenue: _____

Total
revenue: _____

How much do you plan to invest in this
franchise? _____

SIGNATURES

Sending or receiving this franchise application is in no way binding for either the potential Franchisee or the Franchisor.

Any false declaration is grounds for the Franchisor to terminate the franchise agreement with the Franchisee at the Franchisor's sole discretion.

I hereby:

- authorize the information presented above to be shared with third parties at the Franchisor's discretion.

- confirm that the information presented in this application is exact and complete.
- authorize Tazza Caffè to verify all information presented in this application.

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NAME	LOCATION
<hr/>	<hr/>
SIGNATURE	DATE