

# FRANCHISE APPLICATION



*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.*

## FRANCHISE BRAND APPLYING FOR:

FIRST CHOICE	SECOND CHOICE
Heal Wellness   Smoothies & Bowls <input type="checkbox"/>	Heal Wellness   Smoothies & Bowls <input type="checkbox"/>
Rosie's Burgers <input type="checkbox"/>	Rosie's Burgers <input type="checkbox"/>
Lettuce Love Plant-Based Café <input type="checkbox"/>	Lettuce Love Plant-Based Café <input type="checkbox"/>
PIRHO Fresh Greek Grill <input type="checkbox"/>	PIRHO Fresh Greek Grill <input type="checkbox"/>
Via Cibo Italian Street Food <input type="checkbox"/>	Via Cibo Italian Street Food <input type="checkbox"/>
Joey Turks Island Grill <input type="checkbox"/>	Joey Turks Island Grill <input type="checkbox"/>
Yolks   Breakfast <input type="checkbox"/>	Yolks   Breakfast <input type="checkbox"/>
IQ Foods <input type="checkbox"/>	IQ Foods <input type="checkbox"/>
Smile Tiger Coffee Roasters <input type="checkbox"/>	Smile Tiger Coffee Roasters <input type="checkbox"/>

## PERSONAL INFORMATION

NAME (FIRST, LAST)		SOCIAL INSURANCE #	
ADDRESS			
PRIMARY TELEPHONE		EMAIL	
DATE OF BIRTH (MM DD YEAR)		MARTIAL STATUS	NO. DEPENDENTS
ARE YOU A CANADIAN CITIZEN OR DO YOU HAVE PERMANENT RESIDENCY?		PLACE OF PERMANENT RESIDENCY	
SPOUSES NAME (FIRST, LAST)		SPOUSE'S OCCUPATION	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR HAVE ANY CRIMINAL CHARGES PENDING OR BEING APPEALED, OR ARE YOU UNDER INDICTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE DETAILS.			
HAVE YOU OR A COMPANY YOU WERE INVOLVED WITH EVER CLAIMED BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE DETAILS.			

**BUSINESS INTEREST**

HOW DID YOU BECOME INTERESTED IN A HAPPY BELLY FRANCHISE AND WHY?

HAVE YOU EVER OWNED OR HAD AN INTEREST IN ANY OPERATION WITHIN THE FOOD SERVICE INDUSTRY? YES ☐ NO ☐  
IF YES, PLEASE PROVIDE DETAILS.

WHAT PERCENTAGE 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 PROVIDE THEIR NAME(S): *A separate application will be required for each partner.***LOCATION PREFERENCE**

IF YOU HAVE A PREFERENCE FOR A SPECIFIC LOCATION/CITY, PLEASE LIST THEM BELOW.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

WOULD YOU BE WILLING TO RELOCATE IN ORDER TO OBTAIN ONE OF OUR FRANCHISE BRANDS?

YES ☐ NO ☐

IF QUALIFIED, WHEN WILL YOU INVEST IN A FRANCHISE?

NOW ☐ WITHIN 3 MONTHS ☐ 3 TO 6 MONTHS ☐ 6 TO 12 MONTHS ☐ OVER 12 MONTHS ☐**EMPLOYMENT HISTORY***Provide your present or most recent position first. Please provide a copy of your CV if available.*MAY WE CONTACT YOUR EMPLOYER? YES ☐ NO ☐

NAME OF COMPANY

ADDRESS

POSITION

EMPLOYED

FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES AND RESPONSIBILITIES

MAY WE CONTACT YOUR EMPLOYER? YES ☐ NO ☐

NAME OF COMPANY

ADDRESS

POSITION

EMPLOYED

FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES AND RESPONSIBILITIES

MAY WE CONTACT YOUR EMPLOYER? YES ☐ NO ☐

NAME OF COMPANY

ADDRESS

POSITION

EMPLOYED

FROM \_\_\_\_\_ TO \_\_\_\_\_

DUTIES AND RESPONSIBILITIES

**EDUCATIONAL BACKGROUND***Provide your present or most recent position first. Please provide a copy of your CV if available.*INDICATE HIGHEST LEVEL OF EDUCATION ACHIEVED HIGH SCHOOL ☐ COLLEGE ☐ UNIVERSITY ☐

DESIGNATIONS OR DEGREES OBTAINED | OPTIONAL

**PERSONAL FINANCIAL STATEMENT**

I CONFIRM THAT THE FOLLOWING INFORMATION IS AN ACCURATE REPRESENTATION OF ALL OF MY ASSETS AND LIABILITIES AS OF

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

**ASSETS**

CASH ON HAND AND UNRESTRICTED IN THE BANK	\$ _____
VESTED PROFIT SHARING OR PENSION	\$ _____
LISTED SECURITIES STOCKS, BONDS	\$ _____
RRSP	\$ _____
REAL ESTATE	\$ _____
REAL ESTATE	\$ _____
OTHER ASSETS	\$ _____
<b>TOTAL ASSETS</b>	\$ _____

**LIABILITIES**

ACCOUNTS OR CREDIT CARDS PAYABLE	\$ _____
NOTES, OR LOANS PAYABLE TO BANKS	\$ _____
NOTES, OR LOANS PAYABLE TO BANKS	\$ _____
SECURED OR UNSECURED LINE OF CREDIT BALANCE	\$ _____
MORTGAGES PAYABLE ON REAL ESTATE	\$ _____
TAXES AND ASSESSMENTS PAYABLE	\$ _____
OTHER LIABILITIES	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____

**NET WORTH**

<b>NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES)</b>	\$ _____
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**CAPITAL INVESTMENT**

PLEASE IDENTIFY HOW MUCH CAPITAL YOU PLAN ON INVESTING INTO THE BUSINESS.

WHAT IS THE SOURCE OF THESE FUNDS?

WILL YOU REQUIRE ADDITIONAL FINANCING?

YES ☐ NO ☐

WILL YOU LOOK AFTER YOUR OWN FINANCING REQUIRMENTS OR WOULD YOU LIKE US TO CONNECT YOU WITH A BROKER THAT CAN HELP YOU WITH YOUR FINANCE REQUIRMENTS? YES ☐ NO ☐

PERSONAL REFERENCES

Please list the name and contact information of at least 2 personal references.

NAME (FIRST & LAST)	CONTACT #
NAME (FIRST & LAST)	CONTACT #

HOUSEHOLD INCOME

CURRENT HOUSEHOLD INCOME (TOTAL COMBINED WITH SPOUSE)

\$65,000 TO \$75,000 ☐ \$75,000 TO \$100,000 ☐ \$100,000 TO \$200,000 ☐ \$200,000 OR MORE ☐

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 the franchisor immediately in writing any material change in said condition. I (we) authorize Happy Belly to obtain credit reports and other reports pertinent to this application.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

FULL NAME \_\_\_\_\_ SIGNATURE. \_\_\_\_\_

