



HEAL
ACAI BOWLS • SMOOTHIES • WELLNESS



ROSIE'S



Yolks



iQ
FOOD CO.



PIRHO
FRESH GREEK GRILL



VIA CIBO
ITALIAN STREET FOOD



SALUS
FRESH FOODS



Smile Tiger
COFFEE ROASTERS



GHOST TACO

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 ☐	Heal Wellness Smoothies & Bowls ☐
Rosie's Burgers ☐	Rosie's Burgers ☐
Lettuce Love Plant-Based Café ☐	Lettuce Love Plant-Based Café ☐
PIRHO Fresh Greek Grill ☐	PIRHO Fresh Greek Grill ☐
Via Cibo Italian Street Food ☐	Via Cibo Italian Street Food ☐
Yolks Breakfast ☐	Yolks Breakfast ☐
iQ Food Co. ☐	iQ Food Co. ☐
Smile Tiger Coffee Roasters ☐	Smile Tiger Coffee Roasters ☐
Salus Fresh Foods ☐	Salus Fresh Foods ☐
Ghost Taco ☐	Ghost Taco ☐

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 ☐ NO ☐ IF YES, PLEASE PROVIDE DETAILS.			
HAVE YOU OR A COMPANY YOU WERE INVOLVED WITH EVER CLAIMED BANKRUPTCY? YES ☐ NO ☐ 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	\$ _____
TOTAL ASSETS	\$ _____

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	\$ _____
TOTAL LIABILITIES	\$ _____

NET WORTH

NET WORTH (TOTAL ASSETS – TOTAL LIABILITIES)	\$ _____
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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. _____

