



FRANCHISE APPLICATION FORM

This information on this form is the basis for a franchise application and will be kept confidential.
This form is not to be construed as an offer of a franchise, a commitment or a binding agreement on either party.

1. PERSONAL DATA (Please complete the entire application form in order to be considered.)

Date of application: _____ Date of birth: _____

First name: _____ Surname: _____

Social Insurance/Security number: _____

Unit & street address: _____

City: _____ Province/State: _____ Postal/Zip code: _____

Home phone: _____ Best number to contact you: Home Work Cell

Work phone: _____ Fax (if any): _____

Cell phone: _____ Email: _____

Do you rent or own your home? Rent Own How many years at this location? _____

Marital status: _____ Will your spouse be active in the business? Yes No

Spouse/partner's name: _____ Spouse/partner's occupation: _____

2. PERSONAL HISTORY

What is your citizenship? Canadian American Other (please specify) _____

If "Other" what is your country of permanent residence _____

If "Other" what is your current immigration status _____

Have you ever owned your own business before? Yes No

Details: _____

Are you currently a party to any pending legal action? Yes No

If "Yes" please give details: _____

Have you ever been convicted of an offence under the laws of Canada or the USA for which a pardon has not been granted?

Yes No If "Yes" please give details: _____

Have you ever been adjudicated bankrupt? Yes No If "Yes" please give date & details. Date: _____

Details: _____



3. EMPLOYMENT HISTORY (Start with most recent employment and work backwards.)

Company: _____ Type of business: _____

Address: _____

Start date: _____ End date: _____

Position: _____ Annual salary: _____

Supervisor: _____ Phone: _____

Duties, responsibilities, number of employees supervised etc.:

Company: _____ Type of business: _____

Address: _____

Start date: _____ End date: _____

Position: _____ Annual salary: _____

Supervisor: _____ Phone: _____

Duties, responsibilities, number of employees supervised etc.:

Company: _____ Type of business: _____

Address: _____

Start date: _____ End date: _____

Position: _____ Annual salary: _____

Supervisor: _____ Phone: _____

Duties, responsibilities, number of employees supervised etc.:

May we contact your past employers? Yes No

4. EDUCATION HISTORY (Please state the last year of education you **completed**.)

High school: 9: 10: 11: 12: 13: College/University: 1 year: 2: 3: 4: 5+:

Degree or diploma **completed**: _____

Training in sales, management or retail: _____

Other: _____



5. APPLICANT PROFILE

What appeals to you about franchising?

How would you describe the roles of the Franchisor (e.g., The Pita Pit) and the Franchisee?

How did you become interested in a Pita Pit franchise—and why?

Have you been to a Pita Pit store? Yes No If "Yes", which location? _____

What appeals to you about a Pita Pit franchise?

Have you ever owned or had an interest in any other operation within the food service industry? Yes No

If Yes, please give details: _____

How many hours do you typically work per week? Under 35 35 40 50 60 Over 60

How many hours would you like to work per week? Under 35 35 40 50 60 Over 60

Who would be responsible for the franchise's day-to-day operation? _____

In your opinion, what are the characteristics of a good business?

If you were awarded a franchise, what would you do to make the business successful?

What are your goals/objectives for the next 5 years?

6. REFERENCES (excluding relatives)

Name and relationship	City, Province/State	Phone
1.		
2.		
3.		

7. BUSINESS INFORMATION (Note: separate applications are required for each partner.)

What percentage of the equity of the restaurant will you own? _____ %

Will you have a business partner or partners? Yes No

If Yes, your business partner(s):

Name: _____ Full-time Part-time Investment only

Name: _____ Full-time Part-time Investment only

Name: _____ Full-time Part-time Investment only

What other business(es) do you have an interest in?

How do you plan to finance this business venture? Cash Loan

If Loan, what collateral will you make available? _____

If qualified, when would you be ready to invest in your franchise? _____

Will you require assistance in obtaining financing? Yes No

8. LOCATION PREFERENCE

First choice: _____

Second choice: _____

Other(s): _____

Would you be willing to relocate? Yes No

If Yes, where? _____

9. FINANCIAL STATEMENT (mandatory information)

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

ASSETS		LIABILITIES	
Cash on hand:	\$	Notes payable:	\$
Securities (stocks, bonds, RRSPs, IRAs):	\$	Loans against insurance:	\$
Accounts and loans (receivables):	\$	Loans:	\$
Home (market value):	\$	Mortgages (balance owing):	\$
Other real estate:	\$	Credit cards:	\$
Automobiles (market value):	\$	Other liabilities (please list):	\$
Other assets (please list):	\$		
Total assets:	\$	Total liabilities:	\$
Net worth (total assets - total liabilities) = \$			

10. PLEASE READ CAREFULLY

I hereby certify that 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 The Pita Pit, 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 The Pita Pit, 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 contained in this application would be cause for immediate termination of any subsequent agreement reached between The Pita Pit and myself.

The undersigned certify/ies that the information contained herein has been carefully read and is true and correct. (If your spouse is applying as a prospective co-franchisee, his/her signature is also required.)

Date: _____ Signature: _____

Signature (spouse): _____