

Date \_\_\_\_\_ Applicants Name \_\_\_\_\_

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Confidential. This application does not obligate either party in any manner.

Applicants are not required to give any information prohibited by law. Our franchise policies are non-discriminatory regarding age, colour, sex, religion, national origin, marital status, race or handicap.

Greco Pizza and 310-30-30 are Registered Trademarks of Grinner's Food Systems Limited, used under license. Capt. Sub is Trademark of Capt. Sub Canada Limited, used under license.

Member:



Canadian Restaurant and Foodservices Association  
Association canadienne des restaurateurs et des services alimentaires

## FRANCHISE APPLICANT PERSONAL INFORMATION



Name	Home Phone	Cell Phone
Residential Address	Business Phone	Email
City	May we contact you at your business phone?	
Postal Code	Social Insurance Number (OPTIONAL)	
Date of Birth	Marital Status	
Spouse's Name	Total Dependents	
Names and Ages of Children		
Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____		
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____ Written: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____		

## EDUCATION

Last year of school completed	Name of college and / or post graduate school	Degree(s) / Diploma(s)
Describe any training in sales, management or retailing		

## BUSINESS EXPERIENCE

Present Occupation	Position	Dates Employed	
Company Name	Business Address, City, Province, Postal Code		
Describe duties, number of employees supervised and responsibilities			
Previous business experience			
1) Dates Employed	Position	Company	Type of Business
Address	Name of Supervisor	Reason left	
Responsibilities			
2) Dates Employed	Position	Company	Type of Business
Address	Name of Supervisor	Reason left	
Responsibilities			
3) Dates Employed	Position	Company	Type of Business
Address	Name of Supervisor	Reason left	
Responsibilities			
Have you ever been self-employed? If so, explain.			
Have you ever had a business failure? If so, explain.			

## ADDITIONAL INFORMATION



Have you or any member of your family ever been affiliated with, or employed by, this Corporation or any of the franchise owners or any other Restaurant Operation?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, give details) \_\_\_\_\_

Have you or any member of your family been related by blood or marriage to any officer, director, licensee, supplier or employee of Grinner's Food Systems Limited?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, give details) \_\_\_\_\_

Based on your previous and current earnings level, what would you consider an acceptable amount of take home profit from your franchise after meeting all financial commitments pertaining to the store including loan and mortgage payments? \_\_\_\_\_

Have you or your spouse ever made application for a bond, filed for bankruptcy, had a real estate loan foreclosed, had any liens or judgements against you, or have you ever been or now are party to any law suits? If yes, explain: \_\_\_\_\_

Are you a partner or officer in any other venture? If yes, describe \_\_\_\_\_

Do you plan to have a partner? If yes, what is your partner's income? \_\_\_\_\_ Your partner will also be required to complete an application form.

Why do you feel you can become a profitable Franchisee? \_\_\_\_\_

What are your location preferences? \_\_\_\_\_

When would you be available to begin training? \_\_\_\_\_

What do you feel will be your most important contribution to your business should you be successful in obtaining a Grinner's Food Systems Franchise? \_\_\_\_\_

Three personal references other than business employers or relatives.

Name	Address	Telephone (and Email, if available)	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

# PERSONAL FINANCIAL STATEMENT



(Please answer all questions using "no" or "none" where appropriate.) as of \_\_\_\_\_

## ASSETS

Cash on Hand ..... \$ \_\_\_\_\_  
 Registered Retirement Savings Plans ..... \$ \_\_\_\_\_  
 Other Pensions ..... \$ \_\_\_\_\_  
 Stocks and Bonds ..... \$ \_\_\_\_\_  
 Real Estate (Present Value) ..... \$ \_\_\_\_\_  
 Motor Vehicles (Current Value) ..... \$ \_\_\_\_\_  
 Cash Surrender Value-Life Insurance Policy ..... \$ \_\_\_\_\_  
 Other Assets - Itemize ..... \$ \_\_\_\_\_  
 1. Total Assets ..... \$ \_\_\_\_\_

## LIABILITIES

Mortgages Against Real Estate ..... \$ \_\_\_\_\_  
 Vehicle Loans ..... \$ \_\_\_\_\_  
 Other Loans ..... \$ \_\_\_\_\_  
 Personal Taxes & Assessments Payable ..... \$ \_\_\_\_\_  
 Credit Card Amounts Owning ..... \$ \_\_\_\_\_  
 Other Liabilities - Itemize ..... \$ \_\_\_\_\_  
 2. Total Liabilities ..... \$ \_\_\_\_\_  
 1. TOTAL ASSETS ..... \$ \_\_\_\_\_  
 2. TOTAL LIABILITIES ..... \$ \_\_\_\_\_  
 NET WORTH (subtract 2 from 1) .. \$ \_\_\_\_\_

Note the items which you would convert to cash, if necessary, to meet the initial cash requirements for a Greco Franchise. Please use an additional page(s), if there is insufficient space here. Proof of values may be required at a later date.

## BANKING

Name of Bank	Address	Type of Account	Account Number	Cash Balance	Loans
1) _____	_____	_____	_____	\$ _____	\$ _____
2) _____	_____	_____	_____	\$ _____	\$ _____
3) _____	_____	_____	_____	\$ _____	\$ _____

Please fill in all banking information completely, especially account numbers. Use additional pages if necessary.

## OTHER LOANS

Name of Debtor	Address	Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## CREDIT CARD(S) HELD

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

## REAL ESTATE

Description and Address  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

	Market Value	Assessed Value	Mortgages or Encumbrances	Name of Mortgagor or Lender
1. \$ _____	_____	_____	_____	_____
2. \$ _____	_____	_____	_____	_____
3. \$ _____	_____	_____	_____	_____

AVAILABLE CAPITAL TO INVEST IN THIS BUSINESS \$ \_\_\_\_\_ SOURCE OF THIS INVESTMENT CAPITAL \_\_\_\_\_

TO GRINNER'S FOOD SYSTEMS LIMITED: I certify that the personal and financial statement of my property and debts is true. I declare that neither my spouse nor any other person has any claim to the assets shown except as set out therein. The whole of my property is shown at a fair valuation. I, or any company I own, is not being sued and there are no executions against me, neither do I owe anything to any other person or institution except as reported.

I AUTHORIZE GRINNER'S FOODS SYSTEMS LIMITED OR ITS REPRESENTATIVES TO OBTAIN SUCH FACTUAL, INVESTIGATIVE AND FINANCIAL INFORMATION REGARDING ME, OR ANY COMPANY I OWN SHARES IN, FROM OTHERS, INCLUDING ANY CREDIT REPORTING AGENCY, BANK, CREDIT GRANTOR OR ANY OTHER PARTY WITH WHICH GRINNER'S FOOD SYSTEMS LIMITED HAS FINANCIAL RELATIONS, AS PERMITTED BY LAW, AND TO FURNISH SUCH PARTIES WITH PARTICULARS OF THIS APPLICATION AND TO RETAIN THIS APPLICATION FOR CORPORATE RECORDS. I MAY WISH TO INFORM MY BANK THAT GRINNERS FOOD SYSTEMS LIMITED MAY BE CALLING TO CONFIRM MY FINANCIAL RESOURCES.

Witness \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_