

## **APPLICATION FORM**

Thank you for your interest in becoming a part of the kwality Restaurants Franchise System. The information you provide on this form will help kwality Restaurants to evaluate your candidacy. We encourage you to share any relevant information and include anything that you feel will make your candidacy stand out as a potential Franchisee. We will ensure that the information that you provide will be treated in the strictest of confidence, and completion of this form inno way constitutes a commitment to kwality Restaurants nor a guarantee that a franchise will be awarded. If you are planning to have a business partner or investor, s/he should complete a separate application form and hand it in along with yours.

## **E-MAILTO:**

kwality Sweets & Restaurant info@kwalitysweets.com

## **ABOUT YOURSELF**

Full Name:			
Home address:			
City:	Province/State: Postal/Zip code		
Previous address (If at current address for less tha	an 3 years):		
Cell phone:	May we contact you here? $\square$ Yes $\square$ No		
Bus. phone:	May we contact you here? $\square$ Yes $\square$ No		
Date of birth:	Citizenship: SIN:		
Marital status:	Spouse's name:		
Name of last educational institution attended:	Degree/Diploma received:		
Will there be any other active partners in this busi	ness? 🗌 Yes 🔲 No		
Name of Partner 1:	Percentage ownership:		
Name of Partner 2:	Percentage ownership:		
Name of Partner 3:	Percentage ownership:		
PLEASE NOTE: If you do have a partner, a separat	e application form will need to be submitted by him/her		

How did you become interested in the kwality Restaurants franchise?



☐ I am a regular customer (Specify location		) 🔲 Magazine (Specify name	)
☐ Existing franchisee (Specify name /locati	on	)	)
EMPLOYMENT HISTORY			
Present employer			
May we contact your current employer?	☐ Yes	□ No	
Employed from:	to:	Position:	
Duties / Responsibilities:			
Company:	Telephone:	Supervisor's name:	
Previous employer 1			
May we contact your previous employer?	☐ Yes	□ No	
Employed from:	to:	Position:	
Duties / Responsibilities:			
Company:	Telephone:	Supervisor's name:	
Company:  Reasons for leaving:	Telephone:	Supervisor's name:	
	Telephone:	Supervisor's name:	
Reasons for leaving:	Telephone:	Supervisor's name:	
Reasons for leaving:  Previous employer 2			
Reasons for leaving:  Previous employer 2  May we contact your previous employer?	☐ Yes	□ No	
Reasons for leaving:  Previous employer 2  May we contact your previous employer?  Employed from:	☐ Yes	□ No	
Reasons for leaving:  Previous employer 2  May we contact your previous employer?  Employed from:  Duties / Responsibilities:	☐ Yes to:	□ No Position:	
Reasons for leaving:  Previous employer 2  May we contact your previous employer?  Employed from:  Duties / Responsibilities:  Company:	☐ Yes to:	□ No Position:	
Reasons for leaving:  Previous employer 2  May we contact your previous employer?  Employed from:  Duties / Responsibilities:  Company:  Reasons for leaving:	☐ Yes to:	□ No Position:	
Reasons for leaving:  Previous employer 2  May we contact your previous employer?  Employed from:  Duties / Responsibilities:  Company:  Reasons for leaving:  Other information	☐ Yes to: Telephone:	□ No Position: Supervisor's name:	



Have you ever been involved in any type of civil litigation or criminal offense?		Yes	No
Have you ever become insolvent or filed a consumer proposal?		Yes	No
If yes for any of the above, please provide details:			
From a business perspective, what would you say are your greatest strengths?			



List any hobbies, community activities & special interests:		
YOUR INTERESTS & COMMITMENT		
Please specific which geographic areas you are interested in	n, by order of prefer	rence:
1		
2		
3		
What are your expectations in owning a kwality Restaurants	s franchise?	
What annual income after expenses do you hope to generat	e from your busines	ss?
How much time will you spend at your franchise?	☐ Full time	☐ Part-time (Specify hours/week)
f you have partners in the business, will they be active in the	e day-to-day onerat	tions? ☐ Yes ☐ No
	e day to day operat	
Will friends, family or associates be helping you?	☐ Yes ☐ No	
If so, who?		
How will they help?		
YOUR ABILITIES		
Why do you think you will succeed as a kwality Restaurants	franchisee?	
Why are you interested in a kwality Restaurants franchise?		



Given that the success or failure of your business is primarily your responsib your business?	ility, what would you do to promote
Please provide an example where you have hired, trained and/or motivated state a strong manager of people?	aff or tell us why you believe you will
I hereby certify that all information provided in this application is true and corkwality Restaurants, its affiliates and/or agents to conduct any necessary credit searches and insolvency searches and hereby waive the right conferred upon any disclosures obtained by kwality Restaurants, its affiliates and/or agents. I consequential omission contained in this application would be cause for immediagreement reached between myself and kwality Restaurants.	checks, abstract reports, PPSA, execution me by statute or otherwise regarding I understand that any false information or
The submission of this application does not obligate myself or the corporation in	n any way or manner.
DATE SIGNATURE:	