

myFRIES FRANCHISING CORP.
 16934 107 AVE
 EDMONTON, AB T5P 4C3 CANADA
 T: 780.652.0150
 E: FRANCHISING@MYFRIES.CA



myFRIES CONFIDENTIAL FRANCHISE APPLICATION

PERSONAL INFORMATION

First name		Last name		Middle Initials	
Street address				Apt	
City		Province		Postal Code	
Home Phone		Work Phone		Cell Phone	
Fax		Email Address		Date	
Are you a Canadian citizen?		Yes	No	Are you a landed immigrant?	
				Yes	No
Are you bondable?		Yes	No		
Have you ever been employed by myFRIES?		Yes	No	If so, where, when and who was your supervisor?	

Marital Status	Spouse's Name	Spouse's Occupation
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EMPLOYMENT HISTORY

Company		Phone	
Address		Supervisor	
Job Title	# of Employees Supervised	Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes No			

Company		Phone	
Address		Supervisor	
Job Title	# of Employees Supervised	Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes No			

EDUCATION

High School		City		Province	
From	To	Did you graduate?	Yes	No	
College		City		Province	
From	To	Did you graduate?	Yes	No	Degree
University		City		Province	
From	To	Did you graduate?	Yes	No	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

BUSINESS EXPERIENCE AND PLANNING

How did you learn about myFRIES?

Why are you interested in myFRIES?

Describe any training in management, sales or business.

Will you devote 4 weeks for training?

Yes No
If no, how much?

When can you start?

Do you intend to devote yourself full-time to the day-to-day operations of the business?
Yes No

If no, please provide explanation and details how you will oversee the business:
PLEASE PROVIDE AS SEPARATE SHEET

Do you plan to have a business partner(s)? Yes No

If yes, please list name(s) below:

First Name _____ First Name _____ First Name _____ First Name _____

Last Name _____ Last Name _____ Last Name _____ Last Name _____

Will he/she be active? Y N Will he/she be active? Y N Will he/she be active? Y N Will he/she be active? Y N

Please fully explain how the business partnership will be structured.

Will your franchise investment Come from your own capital? Yes No

Have you (and if applicable, partners, officers, directors or shareholders) ever declared bankruptcy reorganized due to insolvency? Yes No or

If yes, explain:
PLEASE PROVIDE AS SEPARATE SHEET

Geographical location preferences:

1) _____ 2) _____ 3) _____

What is the timeframe to open your myFRIES?

0 – 6 Months 6 – 12 Months 1 – 2 Years 2+ Years

Would you be willing to relocate?

Desired income first year? \$

Annual income in 5 years? \$

What is your targeted start date?

PERSONAL FINANCIAL INFORMATION

ASSETS		LIABILITIES	
Cash on Hand and in Banks	\$	Bank Notes - Secured and Unsecured	\$
Canada Government Securities	\$	Notes, Loans, Advances, Accounts Payable	\$
Trade Accounts and Loans	\$	Credit Card Debt Receivable	\$
Notes Receivable - Secured	\$	Loan Against Life Insurance and Unsecured	\$
Life Insurance - Cash Surrendered Value	\$	Property Tax and Assessments Payable	\$
Stocks and Bonds - Marketable and not Real	\$	Mortgage Payable on Real Estate Estate	\$
Automobiles - Market Value	\$	Federal Taxes on Current Income	\$
Other Assets, Property or Investments (Itemize Below)		Other Debts (Itemize Below)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
ANNUAL SOURCE OF INCOME	\$	NET WORTH	\$
Salary	\$	Total Assets	\$
Bonus and Commissions	\$	Less Total Liabilities	\$
Dividends and Interest	\$	NET WORTH	\$
Real Estate Income	\$		
Business Profession Income	\$		
Other Income (Itemize Below)	\$		
	\$		
	\$		
TOTAL INCOME	\$		

Thank you for your interest in myFRIES!

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

By signing this application, I attest to the accuracy of the information contained in this confidential application. I authorize myFRIES or its agents to verify the data submitted, to obtain a consumer credit report and to make such additional credit, background, criminal or character checks, that it deems necessary or advisable.

I, further authorize myFRIES or its agents to contact present or past employers, schools, financial institutions, law enforcement agencies and any other person, firm, corporation or source. I authorize any such source to provide myFRIES or its agents all information concerning me, and I hereby agree to release any such source and its agents and employees from all liability for providing this information. I understand such reports may contain information concerning my education, employment, work habits, character or skill, criminal and credit history.

myFRIES agrees to maintain all information collected in a confidential manner and restrict the use of any information contained or obtained in connection with this application for a myFRIES franchise. I authorize myFRIES to release to prospective financing sources any information concerning me that may be requested by them.

By signing this application, I certify that the above statements are true and accurate.

Signature

Print Name

Date

Please return completed form to:

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