



Franchise Application

franchising@meddyz.ca

Please note:

This questionnaire does not constitute a binding agreement, nor does it obligate you in any way. Completion of this questionnaire does not grant you a license for a Meddy's Franchising Inc. franchise.

Please complete the application in full and return it to us at franchising@meddyz.ca to receive further information from Meddy'z Franchising Inc.

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Ph: (____) _____ - _____ Mobile Ph: (____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Marital Status: _____ No. of dependents: _____

Spouse's Name: _____ Spouse's occupation: _____

Are you a Canadian Citizen? Yes No Social Insurance Number: _____

Have you ever been convicted of a criminal record, any criminal charge pending or under indictment? Yes No

If 'yes' please state reasons: _____

Education

Level of education completed (high school, college, university): _____

Last Educational Institute: _____ Name of degree/diploma: _____

Business or Employment Experience

Business/ Employer: _____ Type of business: _____

Start date (month/year): ____/____ End date (month/year): ____/____ Position: _____

List of duties: _____

Supervisor: _____ Business Ph: (____) _____ - _____ Business Address: _____

Business/ Employer: _____ Type of business: _____

Start date (month/year): ____/____ End date (month/year): ____/____ Position: _____

List of duties: _____

Supervisor: _____ Business Ph: (____) _____ - _____ Business Address: _____

Store Ownership

How did you hear about Meddy'z? _____

Have you ever owned or had an interest in any operation within the food service industry?

Yes No If 'yes' please give details:

When are you available to start? _____ Will you have a business partner? Yes No

Name of first partner: _____ Ph #: (_____) _____ - _____ E-mail: _____

Name of second partner: _____ Ph #: (_____) _____ - _____ E-mail: _____

Who will be responsible to the day-to-day operations? _____

What percent of the business will you own? _____%

Will you work in the business full time? Yes No If 'no' please explain:

Location Preferences

First location: _____ City: _____ Province: _____

Second location: _____ City: _____ Province: _____

Third location: _____ City: _____ Province: _____

Personal References

Name	Address	Occupation	Telephone
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_____	_____	_____	_____
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_____	_____	_____	_____
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Personal Financial Statement

ASSETS

Cash on hand and unrestricted in the bank: _____ \$ _____

Vested profit sharing/ pension: _____ \$ _____

Listed stocks/ bonds/ debentures: _____ \$ _____

Notes/ accounts/ mortgage receivable: _____ \$ _____

Real estate: _____ \$ _____

Other assets: _____ \$ _____

Total assets: _____ **\$** _____

LIABILITIES

Accounts/ credit cards payable: _____ \$ _____

Notes/ loans payable to banks, unsecured: _____ \$ _____

Notes/ loans payable to banks, secured: _____ \$ _____

Notes payable to others, secured and unsecured: _____ \$ _____

Mortgages payables on real estate: _____ \$ _____

Taxes and assessments payable: _____ \$ _____

Other liabilities: _____ \$ _____

Total liabilities: _____ **\$** _____

NET WORTH

Net worth (Total assets- Total liabilities): _____ \$ _____

SOURCES OF INCOME

Salary: _____ \$ _____

Bonus: _____ \$ _____

Dividends/ interest: _____ \$ _____

Real estate income: _____ \$ _____

Business profits: _____ \$ _____

Spousal income: _____ \$ _____

Total income: _____ **\$** _____

How much will you be investing in this business venture: _____ \$ _____

What is the source of this cash? _____

Banking Information

Bank name _____ Location _____ Type of Account _____

Account Number _____ How long have you had this account? _____

Bank name _____ Location _____ Type of Account _____

Account Number _____ How long have you had this account? _____

Listed Stocks, Bonds and Debentures

_____	\$ _____	\$ _____	\$ _____	\$ _____
Description	Face value	Cost	Present value	Last Year Income

_____	\$ _____	\$ _____	\$ _____	\$ _____
Description	Face value	Cost	Present value	Last Year Income

_____	\$ _____	\$ _____	\$ _____	\$ _____
Description	Face value	Cost	Present value	Last Year Income

Real Estate Holdings

Address: _____ **Registered Owner:** _____

_____	\$ _____	\$ _____	\$ _____
Mortgagee	Cost	Present value	Mortgage owing

Address: _____ **Registered Owner:** _____

_____	\$ _____	\$ _____	\$ _____
Mortgagee	Cost	Present value	Mortgage owing

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 you immediately in writing of any material change in said condition. I (We) also authorize Meddy's Franchising Inc, its affiliates and their authorized suppliers to make whatever investigations and inquiries they may consider necessary to obtain all relevant character/credit information, records of criminal offenses and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested. I (We) acknowledge having read Meddy's Franchising Inc. privacy policy for franchisees and I (we) consent to the collection, use and distribution of my (our) personal information in accordance with the terms thereof and further agree to abide by the terms and conditions of the Meddy's Franchising Inc. confidentiality and non-disclosure undertaking, each of which are available at www.meddyz.ca.

Dated this: _____ day of: _____, 20 _____

Applicant Name: _____ Co-Applicant Name: _____

Applicant Signature: _____ Co-Applicant Signature: _____

Head Office: 17-201 Millway Ave, Vaughan, Ontario L4H-5K8

www.meddyz.ca