



## Franchise Application

The purpose of this franchise application is to provide information to Gino's Pizza Franchise Limited for a preliminary evaluation of the applicant's background and qualifications. If you have a partner, each partner must complete his/her own franchise application. Please print clearly.

### PERSONAL INFORMATION

Applicant's Name: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Do you:  Own  Rent  Other

If at above address for less than five years, please provide former address (es):

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Residence: \_\_\_\_\_ Business: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Best time to phone: (Residence) \_\_\_\_\_ AM/PM (Business) \_\_\_\_\_ AM/PM

Date of Birth (D/M/Y): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Are you a citizen of Canada?  Yes  No If not, what country? \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Name of spouse: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

Spouse's Date of Birth (D/M/Y): \_\_\_\_\_ Spouse's Social Insurance Number: \_\_\_\_\_

Number and ages of Dependents: \_\_\_\_\_

### EMPLOYMENT HISTORY (Please include your Resume)

Are you presently employed?  Yes  No

Provide details of your last five years of employment history, starting with the most recent employer first:

Name and Address of Employer	Dates of Employment (From/To)	Position(s) Held:	Annual Salary:	Brief Description of Duties and Responsibilities:

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## EDUCATION

Last Level of Education Completed	Name of Institution and City/Country	Diploma/Designation Obtained

Describe any special training/certification: \_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

How did you hear about Gino's Pizza? \_\_\_\_\_  
What do you like about the concept/products? \_\_\_\_\_  
Why are you interested in obtaining a Gino's Pizza franchise? \_\_\_\_\_  
\_\_\_\_\_

Please describe why you are confident that you can successfully operate a Gino's Pizza franchise?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does the word "franchising" mean to you? How would you describe the roles of the Franchisor and the Franchisee?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever owned your own business, or had an interest in a business venture? In a restaurant operation?  Yes  No  
If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed for bankruptcy protection?  Yes  No When? \_\_\_\_\_  
Have you ever been convicted of a criminal offence?  Yes  No When? \_\_\_\_\_

Are you currently, or have you been a defendant, in any civil or criminal suits or legal action? If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

Will you have a business partner?  Yes  No Name of Partner: \_\_\_\_\_

If yes, what percentage of the business will you own? \_\_\_\_%. Whom will be Operating Partner? \_\_\_\_\_

What level of income do you require to draw from the business per month: \$ \_\_\_\_\_

What level of income do you expect to draw from the business per year (salary/profit): \$ \_\_\_\_\_

Partner's involvement:  Full-time  Part-time  Investment Only

What level of income will your partner require/expect to draw from the business per month? \$ \_\_\_\_\_

What level of income will your partner expect to draw from the business per year? \$ \_\_\_\_\_

LOCATION PREFERENCE:

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

TIMELINE PREFERENCE:

Immediate  0-6 months  6-12 months  12 months +

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**PERSONAL FINANCIAL ASSETS.**

ASSETS		LIABILITIES	
Cash on Hand and in Banks (Schedule 1)	\$	Bank Loan(s) Payable (Schedule 1)	\$
Marketable Securities (not including RRSP) (Schedule 2)	\$	Mortgage(s) Payable (Schedule 5)	\$
RRSP Accounts (Schedule 3)	\$	Credit Cards Payable	\$
Accounts and Loans Receivable (Schedule 4)	\$	Loans against Life Insurance (Schedule 6)	\$
Real Estate – Principal Residence (Schedule 5)	\$	Income Tax Payable	\$
Real Estate – Other Real Estate Owned (Schedule 5)	\$	Automobile Loan(s)	\$
Life Insurance – Cash Surrender Value (Schedule 6)	\$	Other Liabilities	\$
Automobiles and other Personal Property	\$		\$
Other Assets (itemize)	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		TOTAL NET WORTH	\$
		(Total Assets minus Total Liabilities)	

**SOURCE OF FUNDS TO BE INVESTED.**

Please itemize below, the assets which you would convert to cash, if necessary, to meet the initial unencumbered equity requirement. Attach a copy of supporting documentation, i.e. most recent bank statement, etc.

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Date: \_\_\_\_\_ Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_



Please forward this completed franchise application and additional pages to:  
 Gino's Pizza Head Office  
 15 Brownridge Rd  
 Unit #5  
 Halton Hills, On  
 L7G 0C6  
 Tel: 416-235-0000 \* Fax: 905-864-1587  
[www.ginospizza.ca](http://www.ginospizza.ca)

*Buon Appetito!*