



CHOP CRAZY

C R E A T I O N S

FRANCHISE
OWNER
APPLICATION

THE FOLLOWING CONFIDENTIAL INFORMATION IS SUBMITTED IN ORDER THAT CHOP CRAZY MAY CONSIDER YOUR QUALIFICATIONS.

Please print or type and give specific answers to all questions.
All answers will be considered confidential.

Name : _____
LAST FIRST MIDDLE

Address : _____
STREET CITY

_____ PROVINCE POSTAL CODE

Residence Telephone : (_____) _____ - _____ Business Telephone : (_____) _____ - _____

PERSONAL INFORMATION

Date & place of Birth : _____ Height : _____ Weight : _____

Citizenship : _____ Place of Birth : _____
CITY COUNTRY

Marital Status : _____ Social Ins. No. : _____

Number of Dependants : _____ Names & Ages of Children : _____

Spouse's Name : _____ Spouse's Date of Birth : _____

Spouse Occupation : _____ Company : _____

Annual Remuneration : _____ Social Ins. No. : _____

Will the Spouse be active in the Business? Yes No Full Time Part Time

Home : Own Rent How Long? _____

Previous Address : _____
STREET CITY PROVINCE

How long? _____ Drivers Licence Number : _____

EDUCATION

University or College : _____
NAME GRADE ATTAINED / DIPLOMA

High School : _____
NAME YEAR GRADUATED

Languages Spoken : _____

Describe any sales / management training : _____

Organization Affiliations : _____

BUSINESS BACKGROUND INFORMATION (LIST PRESENT OR LAST JOB FIRST)

1. Company : _____ Salary : _____
Address : _____ Last position held : _____
From : _____ To : _____ Name of supervisor : _____
May we contact your present employer? Yes No
2. Company : _____ Salary : _____
Address : _____ Last position held : _____
From : _____ To : _____ Name of supervisor : _____
May we contact your present employer? Yes No
3. Company : _____ Salary : _____
Address : _____ Last position held : _____
From : _____ To : _____ Name of supervisor : _____
May we contact your present employer? Yes No

PERSONAL FINANCIAL STATEMENT (Please answer all questions using "No" or "None" where appropriate)

ASSETS (\$)

Cash on hand _____
Stocks / Bonds / Securities _____
Notes & Loans Receivable _____
Cash Value of Life Insurance _____
R.R.S.P. Holdings _____
Home (Market Value) _____
Other Real Estate (Market Value) _____
Automobile(s) _____
Mortgages Receivables _____
Other Assets _____

TOTAL ASSETS: _____

Total Net Worth (total assets minus total liabilities) \$ _____

Current Monthly Income (\$) _____

Salary _____

Spouse's Salary _____

Other Income _____

TOTAL _____

LIABILITIES (\$)

Notes Payable _____
Bank Loans _____
Other Loans _____
Credit Cards _____
R.E. Mortgages _____
Unpaid Taxes _____
Loans on Life Ins. _____
Other Liabilities _____

LIABILITIES: _____

Current Monthly Income (\$) _____

Rent / Mortgage _____

Utilities _____

Realty Taxes _____

Auto Expenses _____

Other Expenses _____

TOTAL _____

PERSONAL FINANCIAL INFORMATION

How much unencumbered cash do you have available for investment? _____

What specific assets do you intend to use to meet the cash requirements? _____

1 _____ 2 _____

3 _____ 4 _____

How much capital, if any, will you have to borrow? _____

Have you ever declared Bankruptcy? (If yes, please explain) _____

What level of income do you expect to earn from your business? _____

BANKING & CREDIT REFERENCES

Name of Bank : _____ Contact : _____
Address : _____ Telephone : _____

Name of Bank : _____ Contact : _____
Address : _____ Telephone : _____

Major Credit Cards held :

Name : _____ No. : _____

Name : _____ No. : _____

Name : _____ No. : _____

Personal References (not relatives):

Name : _____ Relationship : _____ Telephone : _____

Name : _____ Relationship : _____ Telephone : _____

Name : _____ Relationship : _____ Telephone : _____

Professional References :

Lawyer's Name : _____ Firm : _____ Telephone : _____

Address : _____ STREET _____ CITY _____ PROVINCE _____ POSTAL CODE _____

Telephone : _____ Fax : _____ Email : _____

Accountant's Name : _____ Firm : _____ Telephone : _____

Address : _____ STREET _____ CITY _____ PROVINCE _____ POSTAL CODE _____

Telephone : _____ Fax : _____ Email : _____

GENERAL INFORMATION

Do you have any physical limitations in particular as pertains to arms, legs, feet or heart? _____

Have you ever been convicted of any offense? (include traffic violations for which you were fined \$100.00 or more)
If yes, please explain in full indicating date, charge, place, under what charge and action taken: _____

Do you plan to have a partner? _____ If yes, will he be active? _____
Name of partner: _____

Do you plan to have an investor? _____ If yes, to what extent? _____
Name of investor: _____

Note: A separate application and financial statement is required of each partner. Please underline the name of Operating Partner.

How did you hear about us? _____

Have you or any member of your family ever been affiliated with or employed by the Corporation or any of the franchise owners?

Yes _____ No _____ If yes, please give details: _____

Will you be involved in the business full time or part time? _____
If part time, please explain: _____

Date that you are available to open the business: _____

How long have you been looking for a business? _____

List locations / areas of preference:

1 _____ 2 _____

3 _____ 4 _____

Approximately how many hours per week are you prepared to actually work in your restaurant? _____

In the first year? _____

Will any member of your family be involved in the day to day operation of the business? _____

If yes, list in what capacity, _____

Have you owned or do you own a business? If yes, please explain: _____

Will you finance this business venture by cash or loan? If loan, what collateral? _____

If borrowed from individual, give name, address and occupation: _____

Are you willing to relocate: _____

Do you use a computer and Internet Services Regularly? _____

TO CHOP CRAZY

I certify that the personal & financial statement of my property and debts is true. I declare that neither my wife or any other person has claim in or the assets shown at fair valuation, I am 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 THE CORPORATION TO OBTAIN SUCH FACTUAL AND TO INVESTIGATE INFORMATION REGARDING ME FROM OTHERS AS PERMITTED BY LAW, TO FURNISH OTHER CONSUMER CREDIT GRANTORS AND CREDIT BUREAUS PARTICULARS OF THE CREDIT APPLICATION AND SUBSEQUENT CREDIT EXPERIENCE, IF APPLICABLE, AND TO RETAIN THIS APPLICATION FOR CORPORATE RECORDS.

Witness: _____ Signature: _____

Date: _____