



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.

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

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