



CONFIDENTIAL FRANCHISE

APPLICATION FORM

(PLEASE COMPLETE ALL SECTIONS OF APPLICATION)

PERSONAL INFORMATION

NAME: _____ SIN #: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME TEL: (____) _____ BUSINESS TEL: (____) _____

EMAIL: _____ CELL TEL: (____) _____

LENGTH AT PRESENT ADDRESS? _____ YRS OWN ☐ RENT ☐

ARE YOU A CANADIAN CITIZEN: YES ☐ NO ☐

IF NO, PLEASE GIVE PLACE OF PERMANENT RESIDENCE AND YOUR IMMIGRATION STATUS IN CANADA:

MARITAL STATUS: _____ SPOUSE'S NAME: _____ NO. OF CHILDREN: ____ AGES: _____

HOW MUCH TIME WILL YOU DEVOTE TO THIS BUSINESS? FULL-TIME ☐ PART-TIME ☐

WILL YOUR SPOUSE BE ACTIVE IN THE BUSINESS? YES ☐ NO ☐

IF YES, FULL-TIME ☐ PART-TIME ☐

SPOUSE'S OCCUPATION: _____

ARE YOU INVOLVED OR DO YOU HAVE INTEREST IN OTHER BUSINESSES? YES ☐ NO ☐

IF YES, PLEASE SPECIFY _____

WILL THERE BE ANY OTHER ACTIVE PARTNERS IN THIS BUSINESS? YES ☐ NO ☐

IF YES, FULL-TIME ☐ PART-TIME ☐

NAME OF PARTNER(S) _____

PLEASE NOTE: IF YOU DO HAVE A PARTNER A SEPARATE APPLICATION FORM WILL NEED TO BE SUBMITTED BY THEM

PERCENTAGE OF OWNERSHIP: _____ % _____ %

_____ % _____ %

LIST ANY HOBBIES, COMMUNITY ACTIVITIES, SPECIAL INTERESTS: _____

EDUCATION

(Please circle last year of school completed)

HIGH SCHOOL 9 10 11 12 13

COLLEGE 1 2 3 4 Name of College: _____

UNIVERSITY 1 2 3 4 Name of University: _____

LIST ANY COURSES RELATED TO RETAIL SALES OR MANAGEMENT: _____

DO YOU HAVE EXPERIENCE IN HUMAN RESOURCES AND ADMINISTRATION? _____

WHAT LANGUAGES DO YOU SPEAK? _____

GENERAL INFORMATION

HOW DID YOU HEAR OF ALADDIN ROASTERY?

☐ NEWSPAPER ☐ CAFÉ ☐ FRANCHISEE ☐ CUSTOMER ☐ INTERNET ☐ MAGAZINE

(Please specify which newspaper or magazine: _____)

PLEASE LIST THE GEOGRAPHIC AREAS OF INTEREST TO YOU FOR AN ALADDIN ROASTERY LOCATION (IN ORDER OF PREFERENCE):

1. _____ 2. _____ 3. _____

ARE YOU WILLING TO RELOCATE? YES ☐ NO ☐ (If yes, where? _____)

HOW MUCH INCOME DO YOU EXPECT TO GAIN FROM YOUR BUSINESS?

1ST YEAR \$ _____ 2ND YEAR \$ _____ 3RD YEAR \$ _____

4TH YEAR \$ _____ 5TH YEAR \$ _____

ARE YOU RELATED TO ANY EMPLOYEE OR FRANCHISEE OF ALADDIN ROASTERY? YES ☐ NO ☐

IF YES, NAME OF PERSON AND ADDRESS OF LOCATION: _____

HAVE YOU EVER BEEN SELF-EMPLOYED? YES ☐ NO ☐ IF YES, WHAT WAS THE BUSINESS?

HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY OR HAD A BUSINESS FAILURE? YES ☐ NO ☐

IF YES, STATE THE REASON, PLACE AND DATE OF DISCHARGE:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: YES ☐ NO ☐ IF YES, EXPLAIN:

PROFESSIONAL SERVICES

NAME, ADDRESS AND TELEPHONE OF LAWYER AND/OR NOTARY ACTING ON YOUR BEHALF FOR THIS TRANSACTION:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NAME, ADDRESS AND TELEPHONE OF YOUR ACCOUNTANT:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

EMPLOYMENT HISTORY - CURRENT EMPLOYER

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐

COMPANY: _____ ADDRESS: _____

TYPE OF BUSINESS: _____ POSITION: _____ SALARY: _____

EMPLOYED FROM _____ TO _____ SUPERVISOR: _____

TELEPHONE: (_____) _____ DESCRIBE YOUR DUTIES/RESPONSIBILITIES: _____

PREVIOUS EMPLOYERS: MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES ☐ NO ☐

COMPANY: _____ ADDRESS: _____

TYPE OF BUSINESS: _____ POSITION: _____ SALARY: _____

EMPLOYED FROM _____ TO _____ SUPERVISOR: _____

TELEPHONE: (_____) _____ DESCRIBE YOUR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYERS: MAY WE CONTACT YOUR PREVIOUS EMPLOYER? YES ☐ NO ☐

COMPANY: _____ ADDRESS: _____

TYPE OF BUSINESS: _____ POSITION: _____ SALARY: _____

EMPLOYED FROM _____ TO _____ SUPERVISOR: _____

TELEPHONE: (_____) _____ DESCRIBE YOUR DUTIES/RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES

Aladdin Roastery requires 2 business references and 1 personal reference. Please indicate the relationship to you below.

NAME: _____ TELEPHONE NO: (____) _____ RELATIONSHIP: _____

NAME: _____ TELEPHONE NO: (____) _____ RELATIONSHIP: _____

NAME: _____ TELEPHONE NO: (____) _____ RELATIONSHIP: _____

PERSONAL PROFILE

PLEASE PROVIDE US WITH A BRIEF OVERVIEW OF YOUR BUSINESS EXPERIENCE, PERSONAL PLANS AND WHY YOU ARE INTERESTED IN AN ALADDIN ROASTERY FRANCHISE. ALSO, PLEASE OUTLINE YOUR EXPECTATIONS OF OWNING AN ALADDIN ROASTERY FRANCHISE (please add a separate page if necessary).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

FINANCIAL INFORMATION

I hereby present **Aladdin Roastery** with the most current and accurate financial information as of

DATE: (DD/MM/YYYY)

ASSETS:

CASH \$ _____

SECURITIES \$ _____

REAL ESTATE \$ _____

OTHER ASSETS \$ _____

LIABILITIES:

BANK LOANS \$ _____

MORTGAGE \$ _____

OTHER LOANS \$ _____

BILLS PAYABLE \$ _____

HOW MUCH CASH WILL BE AVAILABLE TO INVEST INTO AN ALADDIN FRANCHISE? \$ _____

WHAT WILL BE THE SOURCE OF CAPITAL FOR AN ALADDIN FRANCHISE? \$ _____

CURRENT INCOME

(NET MONTHLY INCOME)

SALARY: \$ _____

SPOUSE'S SALARY: \$ _____

OTHER INCOME: \$ _____

CURRENT EXPENSES

(NET MONTHLY AMOUNT)

RENT OR MORTGAGE: \$ _____

UTILITIES: \$ _____

REALTY TAXES: \$ _____

CAR EXPENSES: \$ _____

OTHER EXPENSES: \$ _____

TOTAL MONTHLY INCOME

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

I hereby certify that, all information provided in this application is true and correct as of the date below. I authorize Aladdin Roastery, or its affiliates or agents to conduct any necessary bankruptcy checks, receivership checks, civil litigation checks, criminal background checks, credit and/or reference checks, take a Polaroid picture upon approval and hereby waive my right conferred upon me by statute or otherwise regarding any disclosures obtained by Aladdin Roastery or its affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between myself and Aladdin Roastery.

The submission of this application does not obligate myself or the corporation in any way or manner.

DATE: _____ SIGNATURE: _____

Please return completed application to:

Aladdin Roastery
774 boul. St-Joseph
Gatineau, Québec
J8Y 4B9

Fax: (819) 595-4702
Email: info@coffee.ca
<http://www.coffee.ca>