

SMITTY'S CANADA LIMITED

#600, 501 – 18th Avenue S.W.

Calgary, Alberta T2S 0C7

Phone: (403) 229-3838

Fax: (403) 229-3899

FRANCHISE APPLICATION AND EVALUATION FORM

The usual franchised operation will require a fair-sized cash outlay. Often we are faced with several individuals who wish a franchise within the same market area. We must be able to properly evaluate you and your principals as soon and as accurately as possible. Consequently, we would appreciate it if you filled out this form and mailed it back to us immediately. All your information will be held in the strictest confidence and neither party will be under any obligations.

PERSONAL INFORMATION

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

BIRTH DATE: _____

PHONE: (RESIDENCE) _____ CELL: _____

EMAIL ADDRESS (WORK): _____

EMAIL ADDRESS (PERSONAL): _____

PRESENT OCCUPATION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

BUSINESS HISTORY (start with latest employment)

From	To	Company Name & Address	Position	Annual Salary
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BUSINESS REFERENCES: (1) _____

(2) _____

PERSONAL REFERENCES: (1) _____

(2) _____

FINANCIAL INFORMATION

CAPITAL AVAILABLE FOR INVESTMENT: \$ _____

SOURCES AND AMOUNTS OF ADDITIONAL CAPITAL: _____

BANK REFERENCES

_____ BRANCH: _____

_____ BRANCH: _____

NET WORTH STATEMENT

Cash on Hand and in Bank	\$ _____	
Current Accounts Receivable	\$ _____	
Stocks and Bonds	\$ _____	
Value of Real Estate Owned	\$ _____	
Household Furnishings & Automobile	\$ _____	
Notes Receivable	\$ _____	
Other (Specify)	\$ _____	
	TOTAL ASSETS	\$ =====
Accounts Payable	\$ _____	
Bank Loans	\$ _____	
Notes Payable	\$ _____	
Mortgages Outstanding	\$ _____	
Loans Against Insurance	\$ _____	
Other Obligations or Liabilities	\$ _____	
	TOTAL LIABILITIES	\$ =====
	NET WORTH	\$ =====

GENERAL INFORMATION

DO YOU PLAN TO PERSONALLY OPERATE THE RESTAURANT? YES _____ NO _____

BRIEFLY OUTLINE EXPERIENCE IN FOODSERVICE INDUSTRY: _____

WHAT GEOGRAPHICAL AREA INTERESTS YOU? _____

HAVE YOU EVER BEEN DECLINED PERSONAL INSURANCE? YES _____ NO _____

DO YOU NOW OR HAVE YOU EVER HAD A PROBLEM WITH LIQUOR OR NARCOTICS? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? YES _____ NO _____

HAVE YOU EVER BEEN BANKRUPT? YES _____ NO _____

HAVE YOU EVER HAD A BOND APPLICATION DECLINED? YES _____ NO _____

WILL YOUR FRANCHISE BE OPERATED AS A:

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____

If other individuals will participate in this venture, each participant must fill out a completed Franchise Application and Evaluation Form.

NAME

ADDRESS

TELEPHONE

CERTIFICATION

I hereby certify that the information given in this application is true, correct and complete to the best of my knowledge and belief.

In connection with this application, I hereby consent to **Smitty's Canada Limited** conducting and/or causing to be conducted a personal investigation.

Signature: _____ Date: _____