



## CONFIDENTIAL Preliminary Franchise Application

Thank you for your inquiry regarding a franchise opportunity with our company. Submitting this form does not obligate you in any way. All information will be held in the strictest confidence.

MAIL: MTY Group . 2 East Beaver Creek Road, Building One, Richmond Hill, Ontario L4B 2N3  
FAX: 905.764.8426

### Personal Data

Name \_\_\_\_\_ Age: \_\_\_\_\_ Spouse \_\_\_\_\_ Age: \_\_\_\_\_

Home Address \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best time to contact you? \_\_\_\_\_ May we contact you at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Insurance #: \_\_\_\_\_ Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Other

Number of Children/Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Education (highest level attained):

\_\_\_ High School \_\_\_ College 1 2 3 4 \_\_\_ Associate \_\_\_ Bachelors\$ \_\_\_ Masters\$ \_\_\_ Doctorate

### EMPLOYMENT & BUSINESS DATA

From . To	Company	Position	Annual income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NET WORTH**

Indicate your personal net worth: (your personal net worth is the total of all your assets minus the total for all your liabilities)

- Under \$75,000.00
- \$75,000.00 - \$100,000.00
- \$100,000.00 - \$250,000.00
- \$250,000.00 - \$500,000.00
- Over \$500,000.00

How much liquid cash do you have available for the investment? \_\_\_\_\_

Investment time frame:  Immediately  1-3 months  4-6 months  6-12 months  Over 1 year

Who will operate the Franchise?  Self  Spouse  others (specify) \_\_\_\_\_

Will one of you continue to work at your current place of employment after the franchise is awarded?

No  Yes

What are the preferred areas, if you were awarded a franchise?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

When do you plan on finalizing your decision?  within 15 days  within 30 days  within \_\_\_\_\_ days

Do you now own another franchise?  No  Yes

Which one? \_\_\_\_\_

Are you looking at another franchise?  No  Yes

Which one(s): \_\_\_\_\_

Why are you interested in this particular franchise opportunity?

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I/we certify that the information that I/we provide on this questionnaire is complete and correct. It understood and agreed that any material omission or misrepresentation by me/us on this application will be sufficient cause for cancellation of this application. I/we authorize the franchisor to verify any of the above information and I/we authorize the release of such information to the franchisor or its designated agents. I/we hereby release from liability the franchisor for seeking such information. Nothing contained on this Preliminary Franchise Application constitutes an offer to award a franchise.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_