

La Paloma Gelateria & Cafe

FRANCHISE APPLICATION FORM

The following information is the basis for my Franchise Application. In submitting this application, I do not obligate La Paloma or myself in any way or manner.

PERSONAL INFORMATION

Mr. Mrs. First Name: _____ Last Name: _____
Miss. Ms. _____

Date of Birth: MM/DD/YY _____ SIN: _____ Employment Status: _____
 ___/___/___ ___-___-___

Street No/Street Name/Apt #: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ How Long at Current Address: _____

Home Phone: _____ Business Phone: _____
(____) ____-____ Ext. _____

Previous Address (If less than 3 years at Current Address):

Home: Own Rent Landlord: _____

Residency Status: _____

Marital Status: Married Single Other

SPOUSE'S PERSONAL INFORMATION:

Spouse's Name: First: _____ Last: _____

Spouse's Date of Birth : MM/DD/YY _____ Spouse's SIN: _____
 ___/___/___ ___-___-___

Spouse's Employment Status: _____

Number of Children: _____ Ages: _____

APPLICANT'S EMPLOYMENT HISTORY (list most recent employer first):

Employer: _____ From: ____/____/____ To: ____/____/____ Salary: _____

Address: _____ Position: _____

Phone: (____) ____ - ____ Ext. _____ Supervisor: _____

Employer: _____ From: ____/____/____ To: ____/____/____ Salary: _____

Address: _____ Position: _____

Phone: (____) ____ - ____ Ext. _____ Supervisor: _____

Employer: _____ From: ____/____/____ To: ____/____/____ Salary: _____

Address: _____ Position: _____

Phone: (____) ____ - ____ Ext. _____ Supervisor: _____

GENERAL INFORMATION:

Highest Education Level Completed: Grade School High School College University

Degrees/Diplomas: _____

How Soon do you want to get into business?: Right Away 1-6 months 7-12 months Not sure

Do you plan to work full-time or part-time?: Full-Time Part-Time

If part-time, explain why: _____

Will you have any partners?: Yes No If yes, will they be Active or Silent?

List locations in order of preference: 1. _____

2. _____

3. _____

Have you ever been convicted of any offense under the laws of Canada or any province of Canada or under the laws of any other country (other than a minor traffic violation)?: Yes No

If yes, state details: _____

Do you have any law suits pending, judgements or liens outstanding against you? Yes No

If yes, give details: _____

List any illnesses, disabilities or communicable diseases: _____

Have you ever filed for bankruptcy? Yes No

If yes, state place and date: _____

What is your current annual income from all sources?: _____

What income level do you expect to earn from this business?: _____

BANK AND CREDIT REFERENCES:

Bank/Company/Name: _____

Address: _____ Phone: (____) ____ - ____ Ext. _____

Bank/Company/Name: _____

Address: _____ Phone: (____) ____ - ____ Ext. _____

Bank/Company/Name: _____

Address: _____ Phone: (____) ____ - ____ Ext. _____

Major Credit Cards held:

TYPE: _____ # _____

TYPE: _____ # _____

TYPE: _____ # _____

PERSONAL REFERENCES (not relatives):

Name: _____	Relationship to you: _____	Phone: (____) ____ - ____
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Name: _____	Relationship to you: _____	Phone: (____) ____ - ____
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Name: _____	Relationship to you: _____	Phone: (____) ____ - ____
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FINANCIAL INFORMATION:

Personal Financial Information as of (DATE): ____/____/____

ASSETS		LIABILITIES	
Cash on Hand:	\$	Notes Payable:	\$
Securities:		To Banks:	
Cash Value of Insurance:		Due Others:	
Company Investment Program:		Credit Cards:	
Autos:		Mortgages:	
Home:		Home - 1 st :	
Other Real Estate:		- 2 nd :	
Value of Business:		Real Estate - 1 st :	
Other Assets (lists):		- 2 nd :	
		Other	
		Installment Loans: (Leases)	
		Other Obligations:	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
NET WORTH (Total Assets Minus Total Liabilities):		\$	

Total Investment and Working Capital Available (check one):

- \$30,000
 \$40,000
 \$50,000
 \$75,000
 Other: _____

Will you require assistance to obtaining financing?: Yes No

COMMENTS:

What do you feel will be your most important contribution to this business?:

CREDIT INFORMATION (PLEASE READ CAREFULLY):

The applicant acknowledges notice that consumer reports and/or personal information are being or may be referred to in connection with this application for franchise and the applicant consents to the disclosure of credit and/or personal information to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.

It is understood and agreed that all representations made by the Franchiser or any of its representatives are set out in this application and that are no verbal or other agreements.

The applicant hereby certifies that all information in this application is true and correct.

I understand that this application is not binding upon the franchiser, that this questionnaire is intended to assist in evaluating my qualifications as a franchisee and is not to be considered as an offer by the franchiser to provide a franchise to me.

I understand that any false information or material omission contained in this application would because for immediate termination of any subsequent agreement that I may enter into with the franchiser.

I further authorize and consent to your receipt and exchange of credit and other information about me from time to time, including the exchange of information with any credit reporting agency, credit bureau, or other person or corporation with whom I have or propose to have financial relations.

Signature: _____ Date: _____

FOR OFFICE USE:

Comments: _____

Credit Check: _____

Reference Check: _____

Mail, Fax or deliver to:

La Paloma Gelateria & Cafe
1357 St. Clair Avenue West
Toronto, Ontario
M6E 1C5 CANADA
Tel: (416) 656-9900 Fax: (416) 656-8602