



Please either mail your completed application to:
The Great Canadian Bagel, Ltd.
1290 Central Parkway West, Suite No. 100
Mississauga, Ontario L5C 4R3
Or submit via facsimile to **(905) 566-1402**

FRANCHISE APPLICATION FORM

Any information detailed on this form will be treated in a strictly confidential manner. The Great Canadian Bagel, Ltd. utilizes the information provided on this form for the sole purpose of evaluating prospective franchisees, and will not sell or provide this information to any other party without the written consent of the applicant. If the applicant is not successful in purchasing a store immediately, the Application form will be kept on file for other opportunities, up to a maximum period of one year from the date shown below. If you do not wish this application to be kept on file, please advise us when this form is submitted. Please note that although every possible precaution is taken to protect the confidentiality of this application form, The Great Canadian Bagel, Ltd. and subsidiary companies cannot be held responsible in the event that the information contained is obtained by a third party.

Personal Information (please print or type)

Date _____

Name _____ Business Phone () _____
Address _____ Home Phone () _____
City _____ Prov/Country _____ Postal Code _____
Own / Rent – How long at the above address _____ Previous Address _____
Date & Place of Birth _____ Citizenship _____
Social Insurance No. _____ Marital Status _____
Spouse or Partner's Name _____
Number of Children & Ages _____
Other Dependents _____

Business Experience

Present Occupation:

Position and Salary _____
Company _____ Supervisor _____
Address & Phone No. _____
Describe duties, number of employees supervised and responsibilities _____

Previous Experience:

1. Company _____ From _____ To _____
Phone No. _____ Supervisor _____
Describe duties, number of employees supervised and responsibilities _____
2. Company _____ From _____ To _____
Phone No. _____ Supervisor _____
Describe duties, number of employees supervised and responsibilities _____
3. Company _____ From _____ To _____
Phone No. _____ Supervisor _____
Describe duties, number of employees supervised and responsibilities _____

Education

Circle last year of school completed:

High School 1 2 3 4 5 University / College 1 2 3 4 Post Grad 1 2 3

Name of University / College: _____

Degree: _____

Degree: _____

Describe any training in sales, management, etc. _____

Personal Financial Information

Personal Financial Information as of (date) _____

Credit Cards Held _____

Income

Personal Annual Income (\$)

Salary _____

Bonus & Commissions _____

Dividends _____

Real Estate Income _____

Other Income _____

Total _____

Assets (\$)

Cash on hand unrestricted in banks _____

Stocks, Bonds & Securities _____

Accts Notes & Loans Receivable _____

Real Estate -Market Value _____

Mortgages Receivable _____

Cash Value - Life Insurance _____

R.R.S.P. Holdings _____

Automobiles - Market Value _____

Other Assets _____

Total Assets _____

Liabilities (\$)

Notes Payable _____

Accounts & bills due _____

Unpaid Income Tax _____

Loans against insurance _____

Credit Cards _____

Other Liabilities _____

Total Liabilities _____

Net Worth (Assets - Liabilities) _____

Personal Financial *continued*

1. How much unencumbered cash do you have available for investment? _____

2. Which specific assets do you intend to use to meet the cash requirement?
a) _____ b) _____
c) _____ d) _____
3. How much capital, if any will you have to borrow? _____
4. Will you require assistance to obtain financing? _____
5. Have you ever declared Bankruptcy? (If yes, explain) _____

References

Business (to be contacted after interview)

1. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____
2. Name: _____ Position: _____ Employer _____
Address: _____ Telephone: _____

Personal (not relatives)

1. Name: _____ Relationship _____
Address: _____ Telephone: _____
2. Name: _____ Relationship _____
Address: _____ Telephone: _____

Bank and Credit

1. Company: _____ Name of Contact _____
Address: _____ Telephone: _____
2. Company: _____ Name of Contact _____
Address: _____ Telephone: _____
3. Company: _____ Name of Contact _____
Address: _____ Telephone: _____

Additional Information

1. Do you have any physical handicaps ? If so, explain _____
2. When will you be available to open the business? _____
3. Please list your preference for locations a) _____ b) _____
c) _____ Will you relocate? _____
4. a) If you were awarded a The Great Canadian Bagel franchise, how many hours per week would you devote to the store?

	Applicant	Co-Applicant
(i) Zero (0) Hours/week, Investment Only	_____	_____
(ii) Under 35 hours a week/Part-time Participation	_____	_____
(iii) Over 35 hours per week/Full-time Participation	_____	_____
- b) How would your time be spent in the store?
Applicant:

Co-Applicant:

5. a) Will your spouse be active in the business? _____
b) In what capacity? _____
6. Have you ever been self-employed? _____
7. Do you understand that the success or failure of your business is primarily your responsibility? Please comment: _____

8. a) Where did you first year about The Great Canadian Bagel? _____
b) What do you like about our concept? _____

 - c) Have you tried our products? Yes _____ No _____
 - d) How would you describe our products? _____

 - e) How long have you shopped at The Great Canadian Bagel? _____

Additional Information *continued*

9. a) What does "franchising" mean to you? _____

- b) In your opinion, how would you describe the roles of the Franchisor and Franchisee?

9. What are your goals and objectives for the next 5 years? _____

11. There are some basic ingredients to every successful business. If you were awarded a franchise, what would you do to make it successful (please describe in detail)? _____

12. Have you discussed this opportunity with any of our existing franchisees? If yes, which location(s)?

13. Have you ever been convicted of a felony or misdemeanour (other than a minor traffic violation) or are you currently involved in a criminal proceeding? _____

Additional Information: _____

If additional space is required, please do not hesitate to attach extra sheets of paper.

The undersigned hereby certify that the information given in the foregoing statement is true and that no unfavourable information known to me (us) or called for herein has been omitted. The Great Canadian Bagel, Ltd. is hereby authorized to obtain such information as it may require concerning said statement which at all times shall remain property of The Great Canadian Bagel, Ltd. For the purpose of determining my eligibility for a Franchise, you are authorized to procure consumer reports from credit reporting agencies and obtain personal and credit information from persons or consumer reporting agencies. It is understood that all information provided in this application and obtained pertaining to same will be treated confidentially by The Great Canadian Bagel.

Applicant's Signature _____ Date _____

Co-applicant's Signature _____ Date _____