

CONFIDENTIAL FRANCHISE APPLICATION FORM

The information you provide will be held in the strictest confidence. Completion of this form in no way constitutes a commitment with Melt Grilled Cheese Restaurants Ltd. or a grant of a Melt Grilled Cheese franchise. We encourage you to share any relevant information and include anything that you will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner, a separate application form for each partner is required. Thank you for your interest.

Date:		
Personal Information		
Applicant:	nsurance No.:	
Address:		
City:	Province:	Postal Code:
Home Tel:	Bus Tel:	Cell No:
Fax No:	E-mail Address:	
Date of Birth:	Marital status:	No. of dependents:
Spouse's name:	Spouse's Oc	cupation:
Country of citizenship:	Place of	permanent residency:
•		ve any criminal charge pending or being appealed, lease provide details:
Business Interest		
How did you become inter	rested in a MELT franchise and	why?
()		within the food service industry? Yes () No
-		with respect to your previous business history?
What percent of the busin	ess will you own?% Will	you work in the business full time? Yes () No

Business Interest (cont'd) If no, please explain: ______ Who will be responsible for the day-to-day operations? _____ Will you have a business partner? Yes (____) No (____) if yes, please provide name of each partner: **Location Preferences** Please specify which geographic areas you are interested in by order of preferences (Please include City and Province): 1. 2. Employment History (start with most recent position) Present Employer May we contact your present employer? Yes (____) No (____) Dates of Employment: From ____ month/year month/year Employer:___ Firm Name Address Telephone Type of Business: ______ Your Position: _____ Supervisors Name: Your Salary: \$ Describe your duties and responsibilities: Will you continue this position if franchise is granted? _____ **Previous Employer** May we contact your previous employer? Yes (____) No (____) Dates of Employment: From ______ to _____ month/year Employer: Firm Name Address Telephone Type of Business: ______ Your Position: _____ Supervisors Name: _____ Your Salary: \$ ______

Describe your duties and responsibilities:

		ervice industry? Yes () No () if yes,	· · · · · · · · · · · · · · · · · · ·
Describe any traini	ng in sales, managen	nent or retailing:	
Have you ever bee	en self-employed? Yes	s () No () if yes, please provide mo	ore details:
Financials All information prov	vided is strictly confide	ential and will be treated as such.	
Assets		Liabilities	
Cash		Bank loan (car, line of credit etc.)	
Securities		Notes payable	
RRSP's		Home mortgage	
Notes and Loans Receivable		Credit card balance	
Home (market value)		Other real estate loans	
Other real estate		Other liabilities	
Other assets (please specify)			
Value of business (if self employed)			
Total Assets		Total Liabilities	
Financials (con	·	tal Liabilities):	
Current net monthly income		Current net monthly expenses	
Salary		Rent/mortgage	
Spouse's salary		Utilities	
Other income		Car expenses	
		RRSP	
T 4 1 41 1 1		Other	
Total monthly inc		Total monthly expenses	
How will you finance	ce this business ventu	rre? Cash \$ Lo	oan \$
What is the source	of this Capital?		
Banking Informat	ion		
Bank name	Location	Account Number/Type	How Long?
Bank name	Location	Account Number/Type	How Long?

Personal References

Do not list relatives or former employers

Name	Address	Occupation	Phone
Name	Address	Occupation	Phone
