NAME:
DATE:



For office use only

AREA		
DR:		RESP
APPRO	ADO	EC

FRANCHISE APPLICATION

IMPORTANT: This information will be held in the strictest confidence. Returning this form does not obligate St-Hubert Bar-B-Q Ltd. Management or the applicant in any way or manner.

IDENTIFICATION

IDLINIFICATION				
			May we o	contact ere?
Name	Home Phone		Yes	No 🗌
Address	Business Phone		Yes	No \square
E-mail	Cell. Phone		Yes	No 🗌
City Province	Postal code	Social Insurance No.		
Date and Place of Birth	·	Marital Status		
Spouse's Name				
GENERAL INFORMATION				
Citezen of				
Home: Own Rent How Long?				
Last former residence				
Highest level of education: Degree				
School / College				
Describe any training in sales, management or retailing:				
Describe any training in sales, management of retaining.	·			
List membership in any civic, service or professional org	anizations:			
List membership in any civic, service of professional org	unizations.			

Do you now or have you ever owned/managed a restaurant? Details:							Yes No
Have you or any compagny v	with which you w	ere associated	ever been adj	udicated a k	ankrup	t?	Yes No
Explain:							
SOURCE OF INCOME	Current Annual	Previous Year	CONTIN			Current Annual	Previous Year
Salary			As endorse	er or co-mak	er		
Bonus and commissions			On leases	or contracts			
Dividends			Legal clain	าร			
Real Estate income			Provision f	or Income Ta	axes		
Other income (itemize)			Other spec	cial debt			
TOTAL			TOTAL				
SUPPLEMENTARY EXHIB	BIT						
N° 1 – Banking Relations . A li where credit can be obta	ist of all bank accou ined and/or verified	nts, including Cr I.	edit Unions and	d Trust Compa	anies, wł	nere accounts	are carried and
Name and Location of Bank	Cash Balance		ing Loans	Maturity o	f Loan		ow Endorsed, nteed or Secured
N° 2 – Accounts, Loans and I	Notes Receivable.	A list of the large	est amounts ow	ving to me.			
Name and Address of Debtor	Amount Owing	Age of De		scription of ure of Debt	Des Sec	cription of curity Held	Date Payment Expected

N° 3 – Life I	nsurance												
Name of Person Insured		Name of Name of Beneficiary Insurance Co.		Type of Policy			Face Amount of Policy		Total Cash Surrender Value		Total Loans Against Policy		nt of rly ium
N° 4 – Securit	ties, Stocks an	d Bonds		-									
Face Value		of Security	Registered in	Name of	Am	nount	Prese Marl Valu	ket	Rece	ome eived : Year	To V	Vhom Ple	dged
N° 5 – Broke r	rs Margin Acco	ounts. List the	names and a	ddresses of	the bro	kers and	indicate	the net	amount	t due to e	each:		
Brokers Name	No 5 – Brokers Margin Accounts. List the names and addresses of the brokers and indicate the net amount due to each: Brokers Name Balance of Margin Account												
	k is held by you									C.1			
Except as follow	stater. The legal vs :	and equitable	title to all the i	real estate II	sted in t	nis statem	ient is sole	ely in the	e name c	of the und	iersign	ed.	
Date of Acquisition			Improvemer Consist of		ages or	Due Da		Acquisi Cos		Present M Value		Unpaid	Taxes
Acquisition	Street Number	Acres	Consist of	Liens F	arriourits	Paym	nents	Cos		value		Year	Amt.

PERSONAL REFERENCES (Other than relatives)

Name		Occupation		Phone No.		
Address (Street, City, Prov., Postal Code)						
Name		Occupation		Phone No.		
Address (Street, City,	Prov., Postal Code)	1		I		
Can we communio	cate with these people	? Yes No				
BUSINESS	S EXPERIEN	CE				
Company			Nature of Business			
Address (Street, City,	Prov. Postal Code)		Date employed (month a	nd vear)		
	. 10v., 1 03tai Coue <i>j</i>		-			
Phone No.			From	То		
Your position and dut	ied					
Company			Nature of Business			
Address (Street, City,	Prov., Postal Code)		Date employed (month a	nd year)		
Phone No.	Phone No.			То		
Your position and dut	ied					
Are you related by	blood or marriage to	any officer, director or	employee of St-Hube	rt Bar-B-Q Ltd?	Yes No	
Name			Relationship			
Are you or your er	nployer a supplier for	St-Hubert Bar-B-Q Ltd?	? Yes No			
If so, please attach detailed information.						
Which area are yo	u interested in? (Mari	times, Ontario, Quebec	c, others.)			
	City		Province		Country	
1 st choice						
2 nd choice						
3 rd choice						

PERSONAL FINANCIAL STATEMENT

Please answer all questions, using "no" or "none" where necessary (if you need more space, please add the information in an appendice)

Assets	As of	Previous Year	Liabilities and net worth	As of	Previous Year
Cash on hand, and in banks			Notes Payable to Banks, Unsecured Direct borrowings only		
Government Securities Present Market Value			Notes Payable to Banks, Secured Direct borrowing only		
Accounts and Loans Receivable			Notes Payable to others (unsecured)		
Notes Receivable, not discounted			Notes Payable to others (secured)		
Notes Receivable, discounted			Notes Receivable, discounted with Banks, Finance Companies, etc.		
Life Insurance, Cash Surrender Value			Loans against Life Insurance		
Other Stocks and Bonds			Accounts and bills payable		
Real Estate			Interest payable		
Automobiles Registered in Own Name			Taxes and Assessments Payable		
Other Assets (Itemize)			Mortgages payable on Real Estate		
			Brokers Margin Accounts		
			Other liabilities (itemize)		
			Total Liabilities		
Total Assets			Total Assets – Total Liabilities = NET WORTH		

I certify that all information given in this application is true and correct. It is my understanding that St-Hubert Bar-B-Q Ltd will verify all data given in my application for a franchise. I authorize such investigation and I release from liability any person giving or receiving					
any such information.					
Signature	Date				