

2 For 1 Pizza House Franchise Application Head Office

Calgary, Alberta

403.835.0000

info@2for1pizzahouse.com

www.2for1pizzahouse.com

2 for 1 Pizza House Franchise Application

The purpose of this franchise application is to provide information to <u>2 For 1 Pizza House Ltd.</u> for a preliminary evaluation of the applicant's background and qualifications. If you have a partner, each partner must complete his/her own franchise application. (Please print clearly)

PERSONAL INFORMATION:

Applicant's Name: (L)	
(F)	_(M)
Current Address:	
City:Postal Code:	Province:
How long at this address? Do you: Own or Rent? (cir	rcle one)
If at above address for less former address:	s than five years, please provide
Telephone: Residence:	

Business:	Mobile:			
Email:				
Date of Birth (D/M/Y):				
Are you a citizen of Canac	la? Yes or No (If not, what			
what languages do you sp	eak fluently?			
Name of spouse: (L)(M)	(F)			
Spouse's Date of Birth (D/M/Y):				
Number and ages of Deper	ndents:			
EMPLOYMENT HISTO	ORY			
employed? Yes or No, Pro	me) Are you presently ovide details of your last five bry, starting with the most recent			

Name and Address of Employer Dates of Employment					
(From/To) Position(s) Held: Annual Salary: Brief					
Description of Duties and Responsibilities:					
EDUCATION Last Lavel of Education Completed Name					
EDUCATION Last Level of Education Completed Name					
of Institution and City/Country Diploma/Designation					
Obtained Describe any special training/certification:					
GENERAL INFORMATION					
How did you hear about 2 for 1 Pizza House?					
What do you like about our concept/products?					
Why are you interested in obtaining a 2 For 1 Pizza House					
franchise?					
Trancinge.					

Are you currently, or have you been a defendant, in any civil or criminal suits or legal action? If yes, please provide details:
Will you have a business partner? Yes or No? If so, Name of Partner?
If yes, what percentage of the business will you own?%.
Whom, will be the Operating Partner?
What level of income do you require to draw from the business per month: \$
What level of income do you expect to draw from the business per year (salary/profit): \$
Partner's involvement: Full-time/ Part-time Investment What level of income will your partner require/expect to draw from the business per month? \$
What level of income will your partner expect to draw from the business per year? \$
LOCATION PREFRENCE:
1
2

3
TIMELINE PREFERENCE (please circle one):
0-6 month or 6-12 months or 12 months +
PERSONAL FINANCIAL ASSETS:
Marketable Securities (not including RRSP) (Schedule)\$
Mortgage(s)
Loan(s)
Credit Card(s)
TOTAL LIABILITIES:

TOTAL NET WORTH (Total Assets minus total Liabilities) \$				
SOURCE OF FUNDS TO BE INVESTED. Please itemize below, the assets that you would convert to cash, if necessary, to meet the initial unencumbered equity requirement. Attach a copy of supporting documentation, i.e. most recent bank statement, etc.				
Name	Signature	Date		
Please forward	this completed franchise appl	ication		
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Unit #123 55 Westwinds Crescent

Calgary, AB T3J 5H2

Tel: 403.835.0000

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