



FRANCHISE APPLICATION FORM

This Application is kept confidential. Neither party is bound in any way by its submission of this Application. This Application must be completed in full and returned to receive further contact and information from Hero Certified Burgers. Please type or print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Date: _____

PERSONAL INFORMATION

Name: _____

Address: _____ Unit # _____

City: _____ Province: _____ Postal Code: _____

Res Tel: (____) _____ - _____ Bus Tel: (____) _____ - _____ Cell No: (____) _____ - _____

Fax No: (____) _____ - _____ E-mail Address: _____

Date of birth: _____ Marital status: _____ No. of dependents: _____

Spouse's name: _____ Spouse's occupation: _____

Country of citizenship: _____ Place of permanent residency: _____

Have you ever been convicted of a criminal offence or have any criminal charge pending or being appealed, or are you under indictment? Yes () No () If yes, please state details: _____

Have you ever been a member of any organization involved in terrorist activity in Canada or elsewhere?

Yes () No ()

Have you ever been involved in terrorist activity in Canada or elsewhere? Yes () No ()

BUSINESS INTEREST

How did you become interested in a Hero Certified Burgers franchise and why?

Have you ever owned or had an interest in any operation within the food service industry? Yes () No ()
() if yes, please give details:

Have you ever been involved in any litigation or arbitration/mediation with respect to your previous business history? Yes () No () If yes, please explain:

What percent of the business will you own? % Will you work in the business full time? Yes () No ()

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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 give name of each partner:

1) 2)

Note: A separate application and financial statements are required for each partner.

LOCATION PREFERENCES

1st Preference: Location City Province

2nd Preference: Location City Province

3rd Preference: Location City Province

Would you be willing to relocate in order to obtain a Hero Certified Burgers franchise? Yes () No ()

EMPLOYMENT HISTORY (Give present or most recent position first)

Please give present or last position first. May we contact your present employer? Yes () No ()

Name of Firm:

Address:

Type of business: Employed from: to

Supervisor: Telephone: () -

Position: Annual Compensation: \$

Duties and Responsibilities:

Name of Firm:

Address:

Type of business: Employed from: to

Supervisor: Telephone: () -

Position: _____ Annual Compensation: \$ _____

Duties and Responsibilities: _____

Have you ever worked within the food service industry? Yes () No () if yes, when & where? _____

Describe any training in sales, management or retailing: _____

Have you ever been self-employed? Yes () No () if yes, explain _____

EDUCATIONAL BACKGROUND (circle last year of school completed)

High School	9	10	11	12	College	1	2	3	4
Post - graduate	1	2	3	4	Majors & Degree(s)	_____			

Other: _____

PERSONAL REFERENCES (Please name three persons who have known you for at least two years)

1. _____ () _____
Name Address Occupation Telephone
2. _____ () _____
Name Address Occupation Telephone
3. _____ () _____
Name Address Occupation Telephone

The undersigned certifies that the information furnished in this Franchise Application is a true and correct statement of my (our) financial condition on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) also authorize Hero Certified Burgers, its affiliates and their authorized suppliers to make whatever investigations and inquiries they may consider necessary to obtain all relevant character/credit information, records of criminal offenses and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested.

Dated this _____ day of _____, 200

Name: _____

Signature: _____

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this ___ day of _____ 201__

ASSETS

Cash on hand and unrestricted in the bank	\$
Listed stocks/bonds/debentures	\$
Notes/accounts/mortgage receivable	\$
Real Estate	\$
Other assets	\$
Total Assets	\$

LIABILITIES

Accounts/Credit cards payable	\$
Notes/Loans payable to banks, unsecured	\$
Notes/Loans payable to banks, secured.	\$
Notes payable to others, secured and unsecured	\$
Mortgages payable on Real Estate	\$
Taxes and assessments payable	\$
Other liabilities	\$
Total Liabilities	\$

NET WORTH

Net Worth (Total Assets - Total Liabilities)	\$
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SOURCE OF INCOME

Salary	\$
Bonus	\$
Dividends/Interest	\$
Real Estate income	\$
Business profits	\$
Spousal income	\$

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Total Income	\$
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How will you finance this business venture? Cash \$ _____ Loan \$ _____

What is the source of this Capital? _____