

## Franchise Application Form

Any information detailed on this form will be treated in a strictly confidential manner. **The Magic Zoo Eatery International** information provided on this form for the sole purpose of evaluating prospective franchises, and will not sell to 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 Magic Zoo Eatery International**, and subsidiary companies cannot be held responsible in the event that the information contained is obtained by a third party.

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### 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 Partners Name \_\_\_\_\_  
Number of Children & Ages \_\_\_\_\_  
Other Dependents \_\_\_\_\_

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### 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 \_\_\_\_\_

**Personal Annual Income (\$)**

Salary \_\_\_\_\_

Bonus and Commissions \_\_\_\_\_

Dividends \_\_\_\_\_

Real Estate Income \_\_\_\_\_

Other Income \_\_\_\_\_

**Total** \_\_\_\_\_

**Assets (\$)**

Cash on hand unrestricted in banks \_\_\_\_\_

Stocks, Bonds & Loans receivable \_\_\_\_\_

Accts Notes & Loans Receivable \_\_\_\_\_

Real Estate- Market Value \_\_\_\_\_

Mortgages Receivable \_\_\_\_\_

Cash value- Life insurance \_\_\_\_\_

**Liabilities (\$)**

Notes Payable \_\_\_\_\_

Accounts & Bills due \_\_\_\_\_

Unpaid Income Tax \_\_\_\_\_

Loans against insurance \_\_\_\_\_

Credit Cards \_\_\_\_\_

Other Liabilities \_\_\_\_\_

R.R.S.P. Holdings \_\_\_\_\_

Automobiles- Market Value \_\_\_\_\_

Other Assets \_\_\_\_\_

**Total Assets** \_\_\_\_\_

**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. If you were awarded a Magic Zoo Eatery International 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 \_\_\_\_\_

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 hear about Magic Zoo Eatery International? \_\_\_\_\_

b) What do you like about the concept? \_\_\_\_\_

\_\_\_\_\_

**Additional Information Continued**

9. What does "Franchising" mean to you? \_\_\_\_\_

In your opinion, how would you describe the roles of the Franchisor and Franchisee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What are your goals and objectives for the next 5 years? \_\_\_\_\_

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\_\_\_\_\_

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)? \_\_\_\_\_

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12. Have you discussed this opportunity with any existing franchises? If yes, which location(s)? \_\_\_\_\_

13. Have you ever been convicted of a felony or misdemeanor (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 unfavorable information known to me (us) or called herein has been omitted. Magic Zoo Eatery is hereby authorized to obtain such information as it may require concerning said statement which at all times shall remain property of Magic Zoo Eatery For the purpose of determining my eligibility for a franchise; you are authorized to procure consumer reports from credit reporting agencies and obtain personal 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 Magic Zoo Eatery.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_