



Franchise Application Form

Applicants Name.....

Date.....

Thank you for considering The Hemp Farmacy.

This form will help you prepare and present your personal and business information which is essential for our consideration in granting Licenses. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you and or The Hemp Farmacy.

Title	First Name(s)	Last Name
_____	_____	_____

Home Address: _____

Registered Business Address: _____

D.B.A (if applicable): _____

Office tel: _____
 Mobile: _____
 Email: _____

In which geographical areas do you currently operate your business/work?

What are the primary & secondary geographical areas where you would like to operate The Hemp Farmacy Store(s)? _____

Education

Higher Education and Qualifications (University, vocational school, or on-the-job training):

Course description	Qualifications	Year	Name & address of institution

Secondary(High school or equivalence):

Course description	Qualifications	Year	Name and address of school/college

Describe any retailing business set up or experience:

References

Please provide details of two business references. (No contact will be made until we have any mutual agreement to your entering our extended licensing program.)

Reference 1

Name _____

Address _____

Email _____

Contact number _____

Occupation _____

Relationship _____

No. of years acquaintance _____

Reference 2

Name _____

Address _____

Email _____

Contact number _____

Occupation _____

Relationship _____

No. of years acquaintance _____

Career and Business History:

Start/End Date	Business name/address	Type of business	Position(s)	Reason for leaving
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Financial statement:

Personal financial Statement - for the last full financial year

Salary/draw _____
Bonus/Commision _____
Dividends/interest _____
Income from property _____
Other income (please specify) _____
Spouse income _____
Total _____

Do you have any other business interests? Please specify.

Please attach the following documents as applicable when submitting this form:

- Copy of government issued ID
- Detailed description of liabilities & expenditures
- Latest Mortgage Statement
- Proof of Funds
 - ✓ Six month's personal bank statement
 - ✓ Six month's business bank statement
 - ✓ Equity Line
 - ✓ Most current tax return
 - ✓ Evidence of Savings

Note that it is our policy to preform background and credit checks on all Franchise Applicants at applicant's expense. The franchising process cannot proceed until results are received by The Hemp Farmacy.

What is your average monthly cash on hand?

How much capital do you have available to invest in this business (minimum \$125K of liquid assets)-

Have you, your current or previous company or your spouse ever been declared or filed for bankruptcy? Please provide details;

Have you or your business ever been prosecuted, or been involved in a dispute (i.e., county court judgments etc...)?

Have you ever been involved in a business failure? Please provide details.

Have you ever been convicted of a criminal offence? Please provide details.

Describe why you will be a successful Hemp Farmacy Licensee.

Please give an example of a time when you made the wrong decision. How was it resolved and what did you learn about yourself or your business?

The Hemp Farmacy appreciates the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, color, nationality, sexual orientation, religion or belief.

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief, may be used by The Hemp Farmacy to assess your application, carry out such checks as are required to verify your information and your suitability as an extended Hemp Farmacy licensee. You agree that you will notify The Hemp Farmacy of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from The Hemp Farmacy program.

Signature

Date

Many thanks,
The Hemp Farmacy Franchise Team

