



CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in Johnny Greeko's Original Greek. To properly evaluate your application, please provide all necessary information, sign and return the completed Application. All information will be treated as confidential and does not obligate either party.

Personal Information

(Please Print)

Name: _____
(Last) (First) (Middle)

Current Address: _____

City: _____ Province: _____ Postal Code: _____

How long at this address? _____ Do you: Own ☐ Rent ☐ Other ☐

Tel: _____ Residence: _____ Business: _____ Mobile: _____

Email: _____

Best time to phone: (Residence) _____ AM / PM (Business) _____ AM / PM

Date of Birth (D/M/Y): _____

Are you a citizen of Canada? Yes ☐ No ☐ If not, what country? _____

Residency Status: Landed Immigrant _____ Canadian Resident _____

Do you hold a valid Driver's Licence? Yes ☐ No ☐

What language(s) do you speak fluently? _____

Marital Status: Single ☐ Married ☐ Divorced ☐

Name of spouse: _____
(Last) (First) (Middle)

Spouse's Date of Birth (D/M/Y): _____ Spouse's Occupation: _____

Number of Dependents: _____ Ages of Dependents: _____

Will your spouse be involved in the business? Yes ☐ No ☐

Employment History

Are you presently employed? Yes ☐ No ☐

Business Employment for the past five (5) years commencing with the most recent position:

Employer	Position	Employed From	Responsibilities	Most Recent Annual Income

Education

Name of Institution	City/Country	Degrees/Diplomas Obtained

Describe any training received within the hospitality segment, sales or management?

General Information

Which Johnny Greekos locations have you visited? What is your favourite menu item?

How did you hear about franchise opportunities with Johnny Greeko's Original Greek?

Have you ever owned your own business / a franchise? If so, please describe.

What are your reasons for going into business for yourself?

List the characteristics that best describe you:

What are your hobbies, community activities, or special interests?

General Information *(continued)*

Will you be comfortable taking on the responsibilities of being your own boss, including all aspects of the day-to-day operations of the restaurant, hiring and managing crew members, handling the local marketing for your restaurant and as well, working on a regular basis, with suppliers, the Franchisor and most importantly, customers?

What would you do to make your business successful?

What does the term “**franchising**” mean to you? How would you describe the roles of the franchisor and the franchisee?

Who will be responsible for the daily operation of your franchise? _____

- If you, will you commit to be a hands-on operator for a minimum of one year? _____

Will you have a business partner(s), other than your spouse? Yes ☐ No ☐

Name of partner(s) _____
(Each business partner must complete and submit a separate Application Form)

Partner's involvement: *(please circle)* Full-time Part-time Investment Only

Will you be available for a restaurant Discovery Day in Brantford prior to signing a Franchise Agreement? Yes ☐ No ☐

Are you able to commit to 4 – 6 weeks of training prior to opening in the Brantford location? Yes ☐ No ☐

Cities of interest for opening a franchise:

1. _____
2. _____
3. _____

When would you be ready to invest in your franchise? _____

References *(references will **not** be called without your prior consent):*

1. _____ Telephone Number: _____
2. _____ Telephone Number: _____

FINANCIAL INFORMATION

Have you ever filed for bankruptcy protection? Yes ☐ No ☐ When

Have you ever been convicted of a criminal offence? Yes ☐ No ☐ When

Are you currently, or have you been a defendant, in any civil or criminal suits or legal actions? If yes, please provide details:

Do you have a current copy of your credit report? Yes ☐ No ☐

PERSONAL NET WORTH STATEMENT

ASSETS	\$	LIABILITIES	\$
Cash on Hand and in Banks		Bank Loan(s) Payable	
Marketable Securities <i>(not including R. R.S.P.)</i> – Present Market Value		Credit Card(s) Payable	
Accounts and Loans Receivable		Loan(s) payable to Friends and Relatives	
Real Estate – Primary Residence <i>(Present Market Value)</i>		Mortgage – Primary Residence	
Real Estate – Other <i>(Present Market Value)</i>		Mortgage – Other	
Life Insurance – Cash Surrender Value		Loan(s) against Life Insurance	
Automobile(s) <i>(registered in own name)</i>		Income Tax Payable	
R.R.S.P.		Other Liabilities <i>(Itemize)</i>	
Net Value of Business Interests			
Other Assets <i>(Itemize)</i>			
TOTAL ASSETS		TOTAL LIABILITIES	
		TOTAL NET WORTH <i>(Total Assets minus Total Liabilities)</i>	

Amount of Liquid Equity to Invest in Franchise: _____

Source(s) of Liquid Equity: _____

I understand that the submission of this Application does not obligate me or Johnny Greekos Franchising Inc. in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that Johnny Greekos Franchising Inc. has the sole right to approve or disapprove the Application for any reason it may determine and in the event that Johnny Greekos Franchising Inc. disapproves the Application, Johnny Greekos Franchising Inc. shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. Johnny Greekos Franchising Inc. is authorized to investigate my background as it pertains to my qualifications. I further authorize Johnny Greekos Franchising Inc. to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential franchisee.

Signature _____

Date _____

Please return to Debbie Daniel – debbie.dmdfranchiseconsulting@gmail.com