



CONFIDENTIAL
FRANCHISEE
APPLICATION

PROSPECTIVE FRANCHISEE INFORMATION

FULL NAME:	
ADDRESS:	
DATE OF BIRTH:	EMAIL:
MOBILE PHONE:	BUSINESS PHONE:
MARITAL STATUS:	SPOUSES NAME:
NO. OF DEPENDANTS:	ARE YOU A CITIZEN OF CANADA?
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY?	

PLEASE LIST ALL INVESTORS/ASSOCIATES WHO WILL JOIN YOU IN THIS VENTURE:

PRINCIPALS & MANAGEMENT		
NAME:	ADDRESS:	% OF OWNERSHIP:
		% ON SITE TIME:
NAME:	ADDRESS:	% OF OWNERSHIP:
		% OF OWNERSHIP:
NAME:	ADDRESS:	% OF OWNERSHIP:
		% ON SITE TIME:
NAME:	ADDRESS:	% OF OWNERSHIP:
		% ON SITE TIME:
NAME:	ADDRESS:	% OF OWNERSHIP:
		% ON SITE TIME:

***NOTE:** EACH OF THE ABOVE MUST FILL OUT A SEPARATE FORM

PREVIOUS WORK EXPERIENCE

STARTING WITH THE MOST RECENT

COMPANY	ADDRESS	POSITION	NO. OF YEARS

BUSINESS OPERATIONS:

WHEN ARE YOU AVAILABLE TO START THE BUSINESS:

WILL YOU WORK IN THE BUSINESS? IF SO, FULL TIME OR PART TIME?
IF PART TIME, PLEASE EXPLAIN WHY.

HAVE YOU OR ANYONE ON YOUR OWNERSHIP TEAM EVER FILED
FOR BANKRUPTCY? IF YES PLEASE STATE PLACE, DATE & REASON

WHO WILL BE RESPONSIBLE FOR THE DAILY OPERATION OF YOUR STORE?

LIST CURRENT OCCUPATIONS OF YOUR PROPOSED TEAM

FINANCE:

AS OF: / / (M/D/Y)

	ASSETS		LIABILITIES
CASH ON HAND		NOTES PAYABLE	
SECURITIES		TO BANKS	
CASH VALUE OF INSURANCE		DUE OTHERS	
OTHER INVESTMENTS		MORTGAGES	
PERSONAL ITEMS		HOME	
AUTO		REAL ESTATE	
HOME		OTHER OBLIGATIONS	
OTHER REAL ESTATE		INSTALLMENTS /LOANS	
VALUE OF OTHER BUSINESS			
OTHER ASSETS			
TOTAL ASSETS:		TOTAL LIABILITIES:	
TOTAL NET WORTH: \$			

ARE YOUR INCOME TAXES FOR PREVIOUS YEARS FULLY SATISFIED?

HOW DO YOU ANTICIPATE FINANCING THE BALANCE OF THE TOTAL INITIAL INVESTMENT? IF SO HAVE YOU BEEN APPROVED ALREADY AND FOR WHAT AMOUNT?

WILL THE FRANCHISE BE YOUR SOLE SOURCE OF INCOME?

ARE THERE ANY LEGAL ACTIONS OR SUITS AGAINST YOU? IF SO, PLEASE EXPLAIN.

EXPERIENCE:

HAVE YOU EVER BEEN OR ARE YOU CURRENTLY A FRANCHISEE OF ANY OTHER BRAND?
IF YES, WHAT BRAND AND FOR HOW LONG? HOW MANY UNITS?

DO YOU OR YOUR PARTNER(S) HAVE RESTAURANT MANAGEMENT EXPERIENCE?
IF YES, PLEASE LIST NAME(S) AND FOR HOW LONG. IF NO, WHAT EXPERIENCE(S)
DO YOU HAVE THAT QUALIFIES YOU TO BE APPROVED AS A FRANCHISEE?

WHAT PERCENTAGE OF YOUR TIME WILL BE DEDICATED TO THIS VENTURE?
IF LESS THAN 100%, PLEASE EXPLAIN WHO WILL COVER THE REMAINING TIME.

HOW ARE YOU PRESENTLY INVOLVED IN YOUR COMMUNITY?

WHAT COMMUNITY ORGANIZATION(S) DO YOU MAINTAIN A LEADERSHIP ROLE WITH?

AREA/LOCATION PREFERENCES:

PLEASE LIST TWO GEOGRAPHICAL AREAS WHERE YOU PREFER TO DEVELOP YOUR FRANCHISE
LOCATIONS. THIS WILL ASSIST US IN DETERMINING THE AVAILABILITY OF YOUR MARKET.

LOCATION PREFERENCE #1:

LOCATION PREFERENCE #2:

EXPERIENCE WITH HIFIVE

HAVE YOU BEEN TO A HIFIVE CHICKEN LOCATION?

WHAT LOCATION(S) HAVE YOU BEEN TO?

WHAT DID YOU ORDER?

HOW WAS THE FOOD YOU ORDERED?

IF WE COULD ADD SOMETHING TO OUR MENU WHAT WOULD IT BE?

DO YOU FOLLOW HIFIVE ON OUR SOCIAL MEDIA CHANNELS? IF SO, WHICH ONES?

SIGNATURES

I/WE REPRESENT AND WARRANT THAT ALL OF THE STATEMENTS MADE BY ME/US IN THE ABOVE APPLICATION ARE TRUE AND CORRECT. I/WE UNDERSTAND THAT IF I/WE MAKE A FALSE STATEMENT OR MATERIAL OMISSION; SUCH ACTION WILL TERMINATE MY/OUR APPLICATION FOR CONSIDERATION AND IT WILL BE CONSIDERED A MATERIAL DEFAULT OF MY/OUR FRANCHISE AGREEMENT AND MAY RESULT IN THE TERMINATION OF MY/OUR FRANCHISE AGREEMENT.

I/WE UNDERSTAND THAT THIS APPLICATION DOES NOT OBLIGATE EITHER PARTY TO ENGAGE IN A BUSINESS TRANSACTION IN ANY MANNER.

APPLICANT'S SIGNATURE:

NAME:

DATE:

SPOUSE'S SIGNATURE:

NAME:

DATE: