
Select Food Service Inc

Franchise Application Private & Confidential

URBAN KITCHEN

Thank you for your interest in Urban Kitchen

Completion and submission of this form does not constitute or imply an agreement by either party and is used only to determine mutual compatibility

A separate application must be completed by each partner.

Select Food Services Inc.
23 Lesmill Rd, Suite 200
Toronto, Ontario
Tel: 416-391-1244 Fax: 416-391-5244
www.selectsandwich.com

Personal Information

NAME:		SPOUSE'S NAME:	
NUMBER OF DEPENDENTS:		AGES:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
HOME PHONE:	OFFICE PHONE:	CELL:	
FAX:	EMAIL:	BEST TIME TO CALL:	
DATE/PLACE OF BIRTH:		CITIZENSHIP:	
SOCIAL INSURANCE NUMBER:		SPOUSE'S SIN NUMBER:	
DRIVER'S LICENSE NUMBER:			
SPOUSE'S OCCUPATION:		COMPANY:	

Business Experience *List most recent employer first followed by previous.*

EMPLOYER:		POSITION:	
SALARY:	EMPLOYED FROM:	TO:	
SUPERVISOR:	PHONE:	CAN WE CONTACT?	
EMPLOYER:		POSITION:	
SALARY:	EMPLOYED FROM:	TO:	
SUPERVISOR:	PHONE:	CAN WE CONTACT?	
EMPLOYER:		POSITION:	
SALARY:	EMPLOYED FROM:	TO:	
SUPERVISOR:	PHONE:	CAN WE CONTACT?	
HAVE YOU EVER BEEN SELF EMPLOYED?		WHEN?	
WHAT TYPE OF BUSINESS?			
HAVE YOU OR YOUR SPOUSE OR ANY OF YOUR COMPANIES EVER DECLARED BANKRUPTCY?			
HAVE YOU OR YOUR SPOUSE OR ANY OF YOUR COMPANIES EVER BEEN INVOLVED IN ANY LITIGATION?			
HAVE YOU OR YOUR SPOUSE OR ANY OF YOUR COMPANIES EVER BEEN CRIMINALLY CHARGED?			

Education

HIGH SCHOOL:	LOCATION:	GRAD YEAR:
COLLEGE/UNIVERSITY:	LOCATION:	YEARS:
DEGREE/DIPLOMA OR LEVEL COMPLETED:		
OTHER:		

Health

DOCTOR'S NAME:	PHONE NUMBER:
DO YOU SUFFER FROM ANY PHYSICAL DISABILITY OF HANDICAP?	
DO YOU SUFFER FROM HYPERTENSION OR ANY STRESS RELATED ILLNESS?	
CAN YOU OBTAIN HEALTH INSURANCE?	
ARE YOU CAPABLE OF LIFTING 33LBS/15KGS?	

Balance Sheet

ASSETS		LIABILITIES & NET WORTH	
CASH ON HAND (BANK)	\$	LOANS TO BANK	\$
NOTES & LOANS RECEIVABLE		LOANS TO OTHERS	
STOCKS & BONDS		TOTAL CREDIT CARDS PAYABLE	
REAL ESTATE (PERSONAL HOME)		MORTGAGE (PERSONAL HOME)	
REAL ESTATE (ALL OTHER)		MORTGAGE (ALL OTHER)	
LIFE INSURANCE (SURRENDER VALUE)		LOANS AGAINST LIFE INSURANCE	
RRSPs		OTHER LIABILITIES (ITEMIZED)	
AUTO			
OTHER ASSETS (ITEMIZED)			
		TOTAL LIABILITIES (B)	\$
TOTAL ASSETS (A)	\$	NET WORTH (A MINUS B)	\$

Income/Cash Flow Statement

<u>REVENUE</u>		<u>EXPENSES</u>	
MONTHLY SALARY	\$	MORTGAGE/RENT	\$
BONUS/COMMISSION		PROPERTY TAX	
REAL ESTATE INCOME		INSURANCE	
SPOUSES INCOME		AUTO PAYMENT	
OTHER INCOME (ITEMIZE)		LIVING EXPENSES	
		OTHER EXPENSES (ITEMIZE)	
MONTHLY INCOME (A)	\$	MONTHLY EXPENSES (B)	\$
		CASH FLOW (A MINUS B)	\$

Real Estate

DESCRIPTION & ADDRESS	NAME ON TITLE	COST	MARKET VALUE	MORTGAGE OWING

Credit Cards

TYPE	COMPANY OR BANK	OUTSTANDING

Financial

WORKING CAPITAL AVAILABLE:	
INITIAL INVESTMENT (EG: INITIAL 100K LOANS 150K)	
WILL YOU REQUIRE ASSISTANCE IN OBTAINING FINANCING?	
NAME OF BANK:	ADDRESS & PHONE:
CONTACT:	TYPE OF ACCOUNT & NUMBER
NAME OF BANK:	ADDRESS & PHONE:
CONTACT:	TYPE OF ACCOUNT & NUMBER

Personal References (no family please - List Three)

NAME	OCCUPATION	PHONE
1		
2		
3		

Credit or Business References (no family please - List Three)

NAME	COMPANY	PHONE
1		
2		
3		

General

HOW DID YOU LEARN OF URBAN KITCHEN FRANCHISE OPPORTUNITIES?		
WHY ARE YOU INTERESTED IN URBAN KITCHEN?		
WHEN DID YOU WANT TO START?		
WILL YOU DEVOTE FULL TIME AND ATTENTION TO YOUR BUSINESS?		
WILL YOU HAVE AN ACTIVE BUSINESS PARTNER?		
WILL YOU HAVE A SILENT PARTNER?		
ARE YOU RELATED TO ANY FRANCHISEE OR EMPLOYEE OF ANY URBAN KITCHEN?		
IF SO WHO?		
WILL YOUR SPOUSE OR OTHER FAMILY MEMBERS BE INVOLVED IN THE BUSINESS?		
GEOGRAPHIC PREFERENCE	1 st :	2 nd :
		3 rd :
WHY WILL YOU BE SUCCESSFUL AS AN URBAN KITCHEN FRANCHISEE?		
WHAT IS YOUR EXPECTATION FOR YOUR 1 st YEAR PERSONAL INCOME?		
5 th YEAR?		

The above information is true to the best of my knowledge. It is expressly understood that this application is not binding upon either party and that this questionnaire is intended only to assist in evaluating my personal and financial qualifications as a [potential franchisee]. Approval is hereby given to check all or any of the information provided and the references listed, including financial references.

DATE: _____ SIGNATURE: _____