

TCBY Canada Individual Franchise Application

(To determine mutual compatibility and financial responsibility, we ask you to fill out this form for evaluation by our management. The information supplied by you will be held in the strictest confidence. The submission of this form does not constitute an agreement by either party and is purely for information purposes.)

PERSONAL INFORMATION

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____ E-mail Address: _____

Male () Female () S.I.N. #: _____

Marital Status: Single () Married ()

Spouse's Name: _____ Spouse's S.I.N. #: _____

Spouse's Occupation: _____

Spouse's Current Employer : _____

Own Home () Rent () Other (specify): _____

Number of years at present address: _____

BIRTH RECORD	Date of Birth	Country	Now a Citizen of
	DD MM YY		

Applicant: _____

Spouse / Partner: _____

EDUCATION (HIGHEST LEVEL ATTAINED)

Applicant: _____

Spouse / Partner: _____

PERSONAL REFERENCES

(Name 3 persons who have known you at least 2 years – not former employers or relatives)

Name: _____ Position: _____

Street Address: _____ Telephone: () _____

City: _____ Province: _____ Postal Code: _____

Name: _____ Position: _____

Street Address: _____ Telephone: () _____

City: _____ Province: _____ Postal Code: _____

Name: _____ Position: _____

Street Address: _____ Telephone: () _____

City: _____ Province: _____ Postal Code: _____

CREDIT REFERENCES

(Companies with whom you have done business)

Company: _____ Credit Card / Account #: _____

Street Address: _____ Telephone: () _____

City: _____ Province: _____ Postal Code: _____

Company: _____ Credit Card / Account #: _____

Street Address: _____ Telephone: () _____

City: _____ Province: _____ Postal Code: _____

BUSINESS EXPERIENCE

(Give 3 Business Experience – Give present or last position first. If available, attache resume.)

Company: _____ Type of business: _____

Address: _____ Telephone: () _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Present: _____

Describe duties, responsibilities and number of employees supervised: _____

Company: _____ Type of business: _____

Address: _____ Telephone: () _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Present: _____

Describe duties, responsibilities and number of employees supervised: _____

Company: _____ Type of business: _____

Address: _____ Telephone: () _____

Employed from: _____ to _____ Position: _____

Supervisor: _____ Starting Salary: _____ Present: _____

Describe duties, responsibilities and number of employees supervised: _____

RESTAURANT EXPERIENCE / ASSOCIATION

Are you related to any officer, director, employee or franchise of The Country's Best Yogurt® ? Yes () No ()

If yes, please state name, relationship and position held: _____

RESTAURANT EXPERIENCE / ASSOCIATION

Are you or any member of your immediate family working for any business that is primarily frozen-dessert related ?

Yes () No ()

If yes, please state details: _____

Do you now or have you ever owned or had an interested in a restaurant operation? Yes () No ()

If yes, please explain in detail: _____

Will you devote your full time to this business? Yes () No ()

If not, give your intentions as to your division of time: _____

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of the _____ day of _____ 200_____.

(Please answer all questions, using "No" or "None" when necessary).

Assets

\$ Current

Total: _____ \$ _____

Liabilities and Net Worth

\$ Current

Total: _____ \$ _____

Total Assets – Total Liabilities = Net Worth _____ \$ _____

Source of Income**\$ Current**

Annual Salary: _____

Bonus and Commission: _____

Dividends: _____

Real Estate Income: _____

Other Income (itemize): _____

Total: _____ **\$** _____**Contingent Liabilities****\$**

As Endorser or Co-maker: _____

On Lease or Contract: _____

Legal Claims: _____

Income Taxes Payable: _____

Other Specific Debts (itemize): _____

Total: _____ **\$** _____**OTHER PRINCIPALS & MANAGEMENT**

Investors and/or associates who would join you in this venture.

Name	Address	% Ownership	% Investor Time
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Note: A separate application is required of each person whose name will appear on the Franchise Agreements.

How did you become interested in our franchise opportunity? _____

What appeals to you most about becoming a franchisee? _____

What skills and abilities can you bring to a franchise business? _____

Additional information that may be helpful: _____

I certify that the personal and financial statement of my property and debts is true, and declare that neither my spouse nor another person has any claim in or to the assets shown, except as set out therein. The whole of my property is shown at a fair valuation. I am not being sued, my property is not subject to legal proceeding of any kind, neither do I owe anything to any person or institution except as reported.

I authorize investigation (including the preparation of credit reports) of all statements contained herein, and the financial information disclosed herein, and release all parties from all liability for any damage that may result from furnishing any information to you.

Signature of Applicant _____ Date _____

TCBY CANADA

1981, McGill College Avenue, Suite 480, Montreal (Quebec) H3A 2W9

Telephone: (514) 282-1011 • Toll free: 1-877-282-1011 • Fax: (514) 282-0506 • info@tcbycanada.com • www.tcbycanada.com