



D.D. Donair Dude Limited
 6-2650 Progressive Way
 Abbotsford, BC
 V2T 6H9
 Phone: 778 379 4080
 Email: franchise@donairdude.com

Date: _____

FRANCHISE APPLICATION

This application and all information provided will be kept strictly confidential. Submission of this form does not create any obligation or commitment for either party. Please complete all sections accurately and clearly, and attach any additional documents as required to support your application.

1. PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
 Date of Birth: _____ Marital Status: _____ Spouse's Name: _____
 Spouse Occupation: _____ Number of Dependents: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Mobile Phone: _____ Home Phone: _____ Email: _____
 Citizen of _____ Permanent Resident of _____
 Home: Rent Own How Long: _____

2. EMPLOYMENT

Present Occupation

May we contact your present employer? Yes No
 Company: _____ Type of Business: _____
 Address: _____
 Start-End Dates: _____ Position: _____ Annual Salary: _____
 Describe duties, responsibilities and the number of employees supervised: _____

Previous Occupation

Company: _____ Type of Business: _____
 Address: _____
 Start-End Dates: _____ Position: _____ Annual Salary: _____
 Describe duties, responsibilities and the number of employees supervised: _____

3. EDUCATIONAL BACKGROUND

Level of Education: High School University / College Post Grad
 Name of University / College: _____ Degree: _____



4. FINANCIAL INFORMATION AS OF (DATE):

I, _____ make the following statement of all my assets and liabilities
Applicant as of the ____ day of _____, 20____.

ASSETS		LIABILITIES	
Cash on hand in Banks		Bank Loans payable	
Marketable Securities (not including R.R.S.P)		Credit cards payable	
Accounts and loans receivable		Accounts	
Real Estate - Present market value		Mortgages (balance owing)	
Life Insurance – Cash surrender value		Loans against Insurance	
R.R.S.P.		Income Tax Payable	
Other assets.		Other Liabilities	
Total Assets		Total Liabilities	

Net Worth (Total Assets-Total Liabilities) =

5. QUESTIONNAIRE

How did you first hear about Donair Dude? _____

Have you ever owned your own business? Yes No

If yes, state details: _____

Do you have any experience working in restaurants Yes No

If yes, state details: _____

Operating a Donair Dude store is physically demanding. Are you prepared and, more importantly, able to work long hours and withstand the pressures of the job? _____

How many hours would you expect to work per week? _____

Will you have business partners? * Yes No Name of Partner(s): _____

What role will your partner(s) play in the day-to-day operations of the restaurant? _____

What percentage of the equity will your partner(s) contribute? _____

* Franchise application required for each partner(s).



5. QUESTIONNAIRE (continued)

How will you finance this business? Cash Loan

If a Loan, what collateral will be made available? _____

If qualified, when would you be ready to invest in your franchise? _____

Are you willing to relocate to establish a Donair Dude restaurant? _____

Location preferences: 1 _____ 2 _____ 3 _____

Have you ever declared personal bankruptcy or made a voluntary assignment of your assets? Yes No

If yes, state details: _____

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

If yes, state details: _____

Are you currently a defendant in any suits or legal actions? Yes No

If yes, state details: _____

I hereby certify that all information provided herein has been carefully reviewed and is accurate and complete. Any misrepresentation will constitute cause for the Franchisor to terminate any Franchise Agreement entered into with the Applicant or any entity in which the Applicant has an interest, at the sole discretion of the Franchisor.

I understand that the Franchisor may need to share the information contained in this application with third parties for purposes such as securing a location, financing, licenses, or permits related to the development of the franchise. I hereby give my consent for the Franchisor to disclose this information to those third parties it deems necessary.

I also authorize the Franchisor to verify any or all of the information provided and to contact the listed references as it considers necessary.

SIGNED _____

DATE _____