

CONFIDENTIAL FRANCHISE APPLICATION FORM

This Application is kept confidential. Neither party is bound in any way by the submission of this Application. Please fill out this application in full, to the best of your abilities. Please type or print clearly and attach additional documents or schedules, if necessary.

Date: _____

PERSONAL INFORMATION

Name: _____ Social Insurance No.: _____

Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Res Tel: _____ Bus Tel: _____ Cell No: _____

Fax No: _____ E-mail Address: _____

Date of birth: _____ Marital status: _____ No. of dependents: _____

Spouse's name: _____ Spouse's occupation: _____

Country of citizenship: _____ Place of permanent residency: _____

Have you ever been convicted of a criminal offence or have any criminal charge pending or being appealed, or are you under indictment? Yes No If yes, please give details: _____

Have you ever been a member of any organization involved in terrorist activity in Canada or elsewhere?
Yes No

Have you ever been involved in terrorist activity in Canada or elsewhere? Yes No

Please Note: A separate application will be required for each partner

BUSINESS INTEREST

How did you become interested in a Bubba's franchise and why? _____

Have you ever owned or had an interest in any operation within the food service industry?

Yes No if yes, please give details: _____

Have you ever been involved in any litigation or arbitration/mediation with respect to your previous business history? Yes No If yes, please explain: _____

What percent of the business will you own? _____ %

Who will be responsible for the day-to-day operations? _____

Will you have a business partner? Yes No if yes, please give name of each partner:

1) _____ 2) _____

Note: A separate application and financial statements are required for each partner.

LOCATION PREFERENCES

If you have preferences for specific locations/cities, please list them below.

1. _____

2. _____

3. _____

4. _____

5. _____

If qualified, when will you invest in a Franchise (check one)?

Now Within 3 months 3 to 6 months 6 to 12 months Over 12 months

Would you be willing to relocate in order to obtain a Bubba's franchise? Yes No

EMPLOYMENT HISTORY (Give present or most recent position first)

May we contact your present employer? Yes No

Name of Firm: _____

Address: _____

Employed from: _____ to: _____

Position: _____

Duties and Responsibilities: _____

Name of Firm: _____

Address: _____

Employed from: _____ to: _____

Position: _____

Duties and Responsibilities: _____

EDUCATIONAL BACKGROUND (circle last year of school completed)

High School 9 10 11 12 College 1 2 3 4

Post graduate 1 2 3 4 Majors & Degree(s) _____

Other: _____

PERSONAL FINANCIAL STATEMENT

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

of _____, 202____ **ASSETS**

Cash on hand and unrestricted in the bank:	\$ _____
Vested profit sharing/pension:	\$ _____
Listed stocks/bonds/debentures:	\$ _____
Notes/accounts/mortgage receivable:	\$ _____
Real Estate:	\$ _____
Other assets:	\$ _____
Total Assets:	\$ _____

LIABILITIES

Accounts/Credit cards payable:	\$ _____
Notes/Loans payable to banks, unsecured:	\$ _____
Notes/Loans payable to banks, secured:	\$ _____
Notes payable to others, secured and unsecured:	\$ _____
Mortgages payable on Real Estate:	\$ _____
Taxes and assessments payable:	\$ _____
Other liabilities:	\$ _____
Total Liabilities:	\$ _____

NET WORTH

Net Worth (Total Assets - Total Liabilities):	\$ _____
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SOURCE OF INCOME

Current household income (you & your spouse combined):

65 – 75K

75 – 100K

100 – 200K

200K +

The undersigned certifies that the information furnished in this Franchise Application is a true and correct statement of my (our) financial condition on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) authorize Bubbas Inc. to obtain credit reports and other reports pertinent to this application.

Dated this _____ day of _____, 202_____

Full Name: _____

Signature: _____