



CONFIDENTIAL FRANCHISE APPLICATION FORM
(PLEASE COMPLETE ALL SECTIONS OF APPLICATION & PLEASE PRINT)

PERSONAL INFORMATION

NAME: (first name, last name) SIN #: DATE OF BIRTH: (month, date, year)

ADDRESS: CITY: PROVINCE:

POSTAL CODE: HOME TEL: () BUSINESS TEL: ()

EMAIL ADDRESS: CEL TEL: ()

LENGTH AT PRESENT ADDRESS? YRS OWN RENT

ARE YOU A CANADIAN CITIZEN: YES NO

IF NO, PLEASE GIVE PLACE OF PERMANENT RESIDENCE AND YOUR IMMIGRATION STATUS IN CANADA:

MARITAL STATUS: SPOUSE'S NAME: NO. OF CHILDREN: AGES:

HOW MUCH TIME WILL YOU DEVOTE TO THIS BUSINESS? FULL-TIME PART-TIME

WILL SPOUSE BE ACTIVE IN THE BUSINESS? YES NO IF YES, FULL-TIME PART-TIME

SPOUSE'S OCCUPATION:

WILL THERE BE ANY OTHER ACTIVE PARTNERS IN THIS BUSINESS? YES NO IF YES, FULL-TIME PART-TIME

NAME OF PARTNER(S)

PLEASE NOTE: IF YOU DO HAVE A PARTNER A SEPARATE APPLICATION FORM WILL NEED TO BE SUBMITTED BY THEM

PERCENTAGE OF OWNERSHIP: % % % %

LIST ANY HOBBIES, COMMUNITY ACTIVITIES, SPECIAL INTERESTS:

EDUCATION

Table with columns for education levels (High School, College, University) and years completed (9-13, 1-4). Includes fields for Name of College and Name of University.

LIST ANY COURSES RELATED TO RETAIL SALES OR MANAGEMENT:

WHAT LANGUAGES DO YOU SPEAK?

GENERAL INFORMATION

HOW DID YOU HEAR OF mmmuffins?

NEWSPAPER CAFE FRANCHISEE CUSTOMER INTERNET MAGAZINE
(Please specify which newspaper or magazine: _____)

PLEASE LIST THE GEOGRAPHIC AREAS OF INTEREST TO YOU FOR A mmmuffins LOCATION (IN ORDER OF PREFERENCE):

1. _____ 2. _____ 3. _____

ARE YOU WILLING TO RELOCATE? YES NO (If yes, where? _____)

ARE YOU RELATED TO ANY EMPLOYEE OR FRANCHISEE OF Threecaf Brands Canada Inc.? YES NO

IF YES, NAME OF PERSON AND ADDRESS OF LOCATION: _____

HAVE YOU EVER BEEN SELF-EMPLOYED? YES NO IF YES, WHAT WAS THE BUSINESS?

HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY OR HAD A BUSINESS FAILURE? YES NO
IF YES, STATE THE REASON, PLACE AND DATE OF DISCHARGE:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: YES NO

(IF YES, EXPLAIN: _____)

PROFESSIONAL SERVICES

NAME, ADDRESS AND TELEPHONE OF LAWYER ACTING ON YOUR BEHALF FOR THIS TRANSACTION:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____ EMAIL: _____

NAME, ADDRESS AND TELEPHONE OF YOUR ACCOUNTANT:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

EMPLOYMENT HISTORY - CURRENT EMPLOYER

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

COMPANY: _____ ADDRESS: _____

TYPE OF BUSINESS: _____ POSITION: _____ SALARY: _____

EMPLOYED FROM _____ TO _____ SUPERVISOR: _____

TELEPHONE: (_____) _____ DESCRIBE YOUR DUTIES/RESPONSIBILITIES: _____

FINANCIAL INFORMATION

I hereby present **Threecaf Brands Canada Inc.** with the most current and accurate financial information as of _____.
DATE: (MM/DD/YYYY)

ASSETS:

CASH \$ _____
 SECURITIES \$ _____
 REAL ESTATE \$ _____
 OTHER ASSETS \$ _____

LIABILITIES:

BANK LOANS \$ _____
 MORTGAGE \$ _____
 OTHER LOANS \$ _____
 BILLS PAYABLE \$ _____

TOTAL ASSETS:

\$ _____

TOTAL LIABILITIES:

\$ _____

HOW MUCH CASH WILL BE AVAILABLE TO INVEST INTO A **mmmuffinsCafé** FRANCHISE? \$ _____

WHAT WILL BE THE SOURCE OF CAPITAL FOR A **mmmuffins Café** FRANCHISE? \$ _____

CURRENT INCOME

(NET MONTHLY INCOME)

SALARY: \$ _____
 SPOUSE'S SALARY: \$ _____
 OTHER INCOME: \$ _____

CURRENT EXPENSES

(NET MONTHLY AMOUNT)

RENT OR MORTGAGE: \$ _____
 UTILITIES: \$ _____
 REALTY TAXES: \$ _____
 CAR EXPENSES: \$ _____
 OTHER EXPENSES: \$ _____

TOTAL MONTHLY INCOME

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

I hereby certify that, all information provided in this application is true and correct as of the date below. I authorize Threecaf Brands Canada Inc, or its affiliates or agents to conduct any necessary bankruptcy checks, receivership checks, civil litigation checks, criminal background checks, credit and/or reference checks, take a Polaroid picture upon approval and hereby waive my right conferred upon me by statute or otherwise regarding any disclosures obtained by Threecaf Brands Canada Inc or its affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate termination of any subsequent agreement reached between myself and Threecaf Brands Canada Inc.

The submission of this application does not obligate myself or the corporation in any way or manner.

DATE: _____ SIGNATURE: _____

Please return completed application to:

mmmuffins Brand Division
Attention: Franchising Dept.
 THREECAF BRANDS CANADA INC.
 55 Administration Road, Unit 37
 Vaughan, Ontario L4K 4G9

FAX: (905) 482-7330 Attention: Franchising Department

Email: franchise@threecaf.com

CONTACT INFORMATION:

Tel: 905-482-7300 or 1-877-434-3223

www.threecaf.com