## JIMMYTHE GREEK INCORPORATED



## **FRANCHISE APPLICATION**

NAME:			
LAST		FIRST	
ADDRESS:			
STREET		CITY	PROVINCE
PHONE# HOME:	MOBILE#:	EMAIL:	
HOW LONG AT PRESENT A	NDDRESS:		
LAST FORMER RESIDENCE	E:		
DATE OF BIRTH:/	/		
AGE: MARI	TAL STATUS:	SPOUSE'S NAME:	
SOCIAL INSURANCE NO.:			
OCCUPATION\EMPLOYER:			
BUSINESS ADDRESS:			
POSITION:	SALARY: \$	OTHER INCOME: \$	
SPOUSE'S OCCUPATION:		HOW LONG?:	
NO. OF DEPENDENTS:			
HOME: ☐ RENT	□ OWN □ LANDLOR	D OTHER:	
PREVIOUS BUSINESS EXP	PERIENCE:		
		CITY:	
POSITION\TYPE OF BUSIN	ESS PERIOD:		
	HED WITH THE FOLLOWING IS WITH WHOM YOU HAVE HAD CRED		



PERSONAL REFERENCES: (NOT RELATIVES)			
NAME:			
ADDRESS:			
OCCUPATION:	-		
TELEPHONE: _()			
AVAILABLE CAPITAL TO INVEST?: \$			
WHEN WILL YOU BE AVAILABLE?:			
WILL YOU HAVE A BUSINESS PARTNER?:			
WILL YOU BOTH BE ACTIVE?:			
LOCATION PREFERENCES:			
1st CHOICE:			
2nd CHOICE:			
3rd CHOICE:			

## **CREDIT INFORMATION:**

The Applicant acknowledges notice that a consumer report containing credit and/or personal information is being or may be referred to in connection with the Application for Franchise and said Applicant consents to the disclosure of credit and/or personal information to any credit reporting agency or to any person with whom the Applicant has or proposes to have financial relations.

It is understood and agreed that all representations made by the Franchisor or any of its representatives, are set out in this Application and that there are no verbal or other agreements.

**NOTE:** THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE. RETURNING THIS FORM DOES NOT OBLIGATE THE FRANCHISOR OR THE APPLICANT IN ANY WAY OR MANNER.