

Franchise Application Form



BURKE'S RESTORATION
www.burkesrestoration.com
gary@burkesrestoration.com

NEWMARKET OFFICE
17705 LESLIE ST. Unit 7
NEWMARKET, ON L3Y 3E3
TEL: 905-895-2456 / FAX: 905-895-2460

TORONTO OFFICE
98 MILVAN DRIVE
TORONTO, ON M9L 1Z6
TEL: 416-744-2456 / FAX: 416-748-2460

Application Form

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to Burke's Restoration or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, he/she should complete a separate application form and hand it in along with yours. Thank you again for your interest in Burke's Restoration.

Please fill out the form and E-Mail, Mail, Fax or deliver to:

Corporate Office
Burke' Restoration
21 – 17817 Leslie St.
Newmarket, On L3Y 8C6

Telephone: 1-800-586-2456
Fax: 905-895-2460
E-mail: gary@burkesrestoration.com

About Yourself

Full Name:

Home Address:

City Province: Postal Code:

Previous Address (If at current address less than 3 years):

Home Phone: May we contact you here? Yes ___ No ___

Bus. Phone: May we contact you here? Yes ___ No ___

Bus. Fax: May we contact you here? Yes ___ No ___

Date of Birth: Citizenship: SIN:

Name of last educational institution attended: Degree/Diploma received:

Will there be any other active partners in this business? Yes ___ No ___

Name of Partner 1:

Name of Partner 2

Name of Partner 3

PLEASE NOTE: If you do have a partner, a separate application form will be needed to be submitted

How did you become interested in the Your Business Name franchise?

___ You're a regular customer(Specify Location)

___ Existing franchisee (Specify name/location)

___ Other (Specify)

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Employment History

Present Employer

May we contact your present employer? Yes __ No __		
Employed from:	To:	Position: Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:

Previous Employer 1

May we contact your previous employer? Yes __ No __		
Employed from:	To:	Position: Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		

Previous Employer 2

May we contact your previous employer? Yes __ No __		
Employed from:	To:	Position: Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		

Other Information

Have you ever been self employed?	Yes __ No __
If yes, what type of business?	
Have you or any company you have owned declared bankruptcy?	Yes __ No __
Have you ever been involved in any type of civil litigation or criminal offence?	Yes __ No __

If yes for either of the above 2 questions, please provide details:

From a business perspective, what would you say are your greatest...	
Strengths?	
Weaknesses?	

List any hobbies, community activities or special interests:

Your Interests and Commitment

Please specify which geographic areas you are interested in by order of preference:

1

2

3

What are your expectations by owning a Burke's Restoration franchise?

What annual income after expenses do you hope to generate from your business?

How much time will you spend at your franchise? Full time ___ Part time ___ (specify hours)

If you have partners in the business, will they be active in the day-to-day operations? Yes___ No___

Will friends, family or associates be helping you? Yes___ No___

If so, who are they?

How will they help?

Your Abilities

Why do you think you will succeed as a Burke's Restoration franchisee?

Why are you interested in a Burke's Restoration franchise?

Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business?

Please provide an example where you have hired, trained and/or motivated staff or why you believe you will be a strong manager of people:

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Financials

(All information provided is strictly confidential and will be treated as such)

Assets		Liabilities	
Cash		Bank loan (car, line of credit etc.)	
Securities		Notes payable	
RRSP's		Home mortgage	
Notes and Loans Receivable		Credit card balance	
Home (market value)		Other real estate loans	
Other real estate		Other liabilities)	
Other assets (please specify)			
Value of business (if self employed)			
Total Assets		Total Liabilities	

Credit card(s) or margin of credit held and limit(s):

Credit 1	Limit
Credit 2	Limit
Credit 3	Limit

Current net monthly income

Current net monthly expenses

Salary		Rent/mortgage	
Spouse's salary		Utilities	
Other income		Car expenses	
		RRSP	
		Other	
Total monthly income		Total monthly expenses	

Which specific assets do you intend to use to meet the cash requirements?

1.	2.	3.	4.
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Other Comments:

Financial References

Name 1:

Company:

Telephone:

Relationship:

Name 2:

Company:

Telephone:

Relationship:

Other References

Name1:

Company:

Telephone:

Relationship:

Name 2:

Company:

Telephone:

Relationship:

Comments:

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize Burke's Restoration or its affiliates or agents to conduct any necessary credit checks and hereby waive my right conferred upon me by the statute or otherwise regarding any disclosures obtained by Burkes' Restoration or it's affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate terminations of any subsequent agreement reached between myself and Burke's Restoration.

The submission of this application does not obligate me or Burke's Restoration in any way or manner.

Date:

Signature:

Print name:



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Confidentiality and Non-Disclosure Agreement

Burke's Restoration agrees to provide to the undersigned pertinent confidential and proprietary documents and information relating to Burke's Restoration.

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluating a Burke's Restoration outlet for the purpose of negotiating a Burke's Restoration Franchise. The undersigned further agrees this information shall only be made available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein.

In the event that it is determined that there is no interest in negotiating the acquisition of a Burke's Restoration Franchise, all documents and information provided shall be returned to Burke's Restoration.

Signed:	Date:
Print Name:	
Address:	



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