

FRANCHISING QUESTIONNAIRE

(This application does not obligate either party in any matter; all information will be treated confidentially)

PERSONAL INFORMATION

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____

Social Insurance Number: _____ Email: _____

Home Phone: _____ Business Phone: _____

Best Number to Reach You: _____

Date of Birth (Month / Day / Year): _____

Single Married Spouse's First Name: _____ Last Name: _____

Spouse's Date of Birth (Month / Day / Year): _____

Spouse's Occupation: _____

WORK EXPERIENCE

Present Employer: _____ City / Province: _____

Nature of Business: _____ Start Date: _____

Position: _____ Salary: _____

Previous Employer: _____ City / Province: _____

Nature of Business: _____ Start Date: _____

Position: _____ Salary: _____

GENERAL INFORMATION

How did you hear about Chorizo Fresh Mex?: _____

Where is your ideal location for your Chorizo Fresh Mex?: _____

LOCATION PREFERENCES (List cities or towns only)

1. _____ 2. _____ 3. _____

Have you considered other franchises?: _____

Have you received a FDD (Franchise Disclosure Document) from any other franchise company?:

No Microwaves. No Heat Lamps. No Freezers.

CHORIZO FRANCHISING PROGRAM

Have you looked at other food franchise companies? If yes, which company or companies?:

Will you have a partner (eg. Spouse, friend etc.)?: No Yes (If Yes, please indicate): _____

Partners Involvement: Full-Time Part-Time Investment Only

Partners First Name: _____ Last Name: _____

Partners Relationship to You: _____

What level of income do you expect / require to draw from the business per year (salary and profit)?:

FINANCIAL STATEMENT

Please do not combine (if applicable) non spousal partners financial information.

ASSETS		LIABILITIES	
Cash on Hand	\$	Mortgages - Home	\$
Securities (mutual funds, Stocks etc.)	\$	Mortgages - Other	\$
Home (current market value)	\$	Notes Payable	\$
Other Real Estate	\$	Credit Cards	\$
Personal Property	\$	Operating Line	\$
Business Interests	\$	Other Liabilities	\$
Other Assets	\$		
Total Assets	\$	Total Liabilities	\$
NET WORTH (Total Assets - Total Liabilities): \$			

DISCLAIMER

Submission of this Franchise Questionnaire does not constitute acceptance by Chorizo Franchising Inc. of the application as a franchisee nor does it grant any franchise rights, which may only be granted by executing a written franchise agreement.

ACKNOWLEDGEMENT AND CONSENT

The undersigned acknowledges that the statements and information made in the attached Franchise Questionnaire fully and truthfully set forth the true and accurate personal information and financial conditions of applicants as of the date hereof.

The undersigned further acknowledges that for the purpose of determining whether or not the undersigned we be a suitable Chorizo Fresh Mex franchisee, and investigation may be made with respect to the information above, as we as further information with respect to the undersigned's financial status, litigation history, criminal record history, educational credentials, employment history. The undersigned hereby consents to the Chorizo Franchising Inc. or it's agents collecting and retaining such information.

Dated the _____ day of _____ year _____

Signature of Applicant: _____ Print Name: _____

Signature of Spouse (if applicable): _____ Print Name: _____

Please send us your completed form by fax [905-822-6986](tel:905-822-6986) or email to franchising@chorizo.ca

You can also mail your Chorizo Fresh Mex franchising questionnaire to:

[950 Southdown Road, Unit B4, Mississauga, ON L5J 2Y4](#)

Please allow 30 days for a written response.