



*Pita Land*TM
The Best of Shawarma, Falafel and Gyro

FRANCHISE APPLICATION

Important: Completing this application does not obligate Pita Land Co. Inc. Management or the applicant in any way or manner.



FRANCHISE APPLICATION

Please note: This questionnaire does not obligate you in any way nor does it constitute an agreement by which the license for a Pita Land franchise

Personal Information

| | | | | | |
|--------------------------------------|--|--------------------------|--|--------------|--|
| Surname (last name): | | First name: | | Middle name: | |
| Address (street): | | City: | | Province: | |
| | | | | Postal code: | |
| Home phone: | | Mobile phone: | | E-mail: | |
| Spouse's name: | | Number of dependants: | | | |
| Are you a Canadian citizen? Yes / No | | Social insurance number: | | | |

Education

| | | | |
|--|--|--|--|
| Level of education completed (high school, college, university): | | Name of last attended educational institute: | |
| Name of degree or diploma obtained: | | Name any awards or certificates relating to management or sales: | |

Business or Employment Experience

| | | | | | | | |
|---|--|-------------------|--|---------------------------|--|-------------------------|--|
| Business or employer: | | Type of business: | | Start date (month, year): | | End date (month, year): | |
| Position: | | List of duties: | | | | | |
| Name of person to contact from this business: | | Business Phone: | | Business Address: | | | |

| | | | | | | | |
|---|--|-------------------|--|---------------------------|--|-------------------------|--|
| Business or employer: | | Type of business: | | Start date (month, year): | | End date (month, year): | |
| Position: | | List of duties: | | | | | |
| Name of person to contact from this business: | | Business Phone: | | Business Address: | | | |

Store Ownership

| | | | | | |
|---|--|----------------------------------|--|---|--|
| How did you hear about Pita Land? | | When are you available to start? | | Will you have a business partner(s)? Yes/No | |
| Name of first partner: | | Contact number: | | Contact e-mail: | |
| Name of second partner: | | Contact number: | | Contact e-mail: | |
| To what extent will your partner(s) be involved in the day-to-day operations of the restaurant? | | | | | |
| What percent of the equity of the enterprise will be made available by your partner(s)? | | | | | |

Personal Financial Information

I, _____, make the following statement of all my assets and liabilities as of _____ (date).

| Assets | Liabilities |
|--|--|
| Cash on hand and in the bank: | Bank loans payable: |
| Marketable securities (not including R.R.S.P.) Present market value (Schedule 2): | Credit cards payable: |
| Accounts and loans receivable (schedule 3): | Loans against life insurance: |
| Real estate, present market value (schedule 4): | Mortgages payable: |
| Life insurance, cash surrender value (schedule 5): | Other liabilities: |
| Automobiles, market value: | Total assets: |
| R.R.S.P contributions: | Total Liabilities: |
| Other assets. If a business, provide financial statements: | Net Worth (Total assets - Total liabilities): |

Source of funds to be invested

| | |
|--|---------|
| Source (funds on hand, sale or mortgage of assets, etc): | Amount: |
| Source (funds on hand, sale or mortgage of assets, etc): | Amount: |
| Total amount of funds to be invested: | |

Supplementary Information

Banking Relations (Please provide a list of all bank accounts, including savings, and loans)

| Name and location of bank: | Cash balance: | Outstanding loan amounts: | Nature of loan: | Maturity of loan: |
|----------------------------|---------------|---------------------------|-----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

The operation of a Pita Land franchise is physically demanding. Are you prepared and more importantly, able to work long hours and withstand the pressure of the job? Yes/No:

| | |
|--|--|
| Have you ever declared personal bankrupt or made a voluntary assignment of your assets? Yes/No: | If you answered yes to the last question, please provide details on a separate sheet. |
| Have you ever been convicted of a criminal offence? Yes/No: | If you answered yes to the last question, please provide details on a separate sheet. |
| Why are you considering a Pita Land franchise? 1. To operate yourself? 2. To be operated by other? | Have you ever owned your own business? Yes/No: If you answered yes to the last question, please provide details on a separate sheet. |
| Are you the guarantor on any outstanding loans? (Including those to relative or friends): Yes/ No | If you are the guarantor on any standing loans, please state the details and amount: |

References

Please List at least three (3) references (not related to you)

| | | |
|--------------------|----------|---------------|
| Name of reference: | Address: | Phone number: |
| Name of reference: | Address: | Phone number: |
| Name of reference: | Address: | Phone number: |

I hereby certify, that all the information provided herein by the applicant has been carefully read and is true and correct in its entirety. Any misrepresentation will be just cause for the franchisor to terminate any franchise agreement entered into with the applicant, or an entity in which the applicant has an interest, at the sole discretion of the franchisor.

I understand that it may be necessary for the franchisor to release any or all of the information provided here to a third party in connection with obtaining a location, financing, licenses and permits in furtherance of the development of my franchise, and I hereby consent to the franchisor's release of said information to those third parties deemed necessary by the franchisor.

I hereby give my consent to the franchisor to verify any or all information provided herein and to contact the named references as seemed necessary by the franchisor.

| | | |
|-----------------------------|-------------------|--------------|
| Name (please print): | Signature: | Date: |
|-----------------------------|-------------------|--------------|