# **PÜR&SIMPLE**®

### **Application Form**

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#### APPLICATION FORM

(PLEASE WRITE IN BLOCK LETTERS)

PERSONAL INFORMA	<b>TION</b> DE	VELOPMENT AGENT INT	ERNATIONAL FRANCHISEE
LAST NAME	GIVEN NAME	SPOKEN LANGUAGE EN	GLISH FRENCH
// Month day year <b>date of birth</b>	SOCIAL INSURANCE NUMBER	OTHER	3
ADDRESS	CITY	WRITTEN LANGUAGE EN	GLISH FRENCH
PROVINCE	POSTAL CODE	OTHERS	5
TELEPHONE	OWNER TENANT	CITIZENSHIP	CIVIL STATUS
EMAIL		NAME AND OCCUPATION OF SPOU	SE
PERIOD OF RESIDENCY AT THIS ADDRESS (if less than five years, list previous address)	YEARS	NUMBER AND AGE OF DEPENDANT	'S
1.			

**NOTE:** All active spouses or business partners must each fill out a separate application form.

### EXPERIENCE

I

PRESENT OCCUPATION	EMPLOYER'S NAME
FROM// TO/////////	
DESCRIBE YOUR RESPONSIBILITIES	
PRESENT OCCUPATION	EMPLOYER'S NAME
FROM // TO //////	
DESCRIBE YOUR RESPONSIBILITIES	
PRESENT OCCUPATION	EMPLOYER'S NAME
TREENT OCCUTATION	EWI FOLEK 9 NAME
FROM// TO////	
DESCRIBE YOUR RESPONSIBILITIES	
NOTE: The answers to this questionnaire are confidential and this application obligates neither	r party and does not constitute a

document which automatically allocates a Pur & Simple franchise.

## **PÜR&SIMPLE**®

### PERSONAL AND FINANCIAL IMPLICATION

ARE YOU OR ONE OF YOUR ASSOCIATES BOUND BY A N ARE YOU AN ASSOCIATE OR DO YOU HAVE AN INTERES		ASE EXPLAIN.	
HAVE YOU OR ANY BUSINESSES IN WHICH YOU WERE A	ASSOCIATED WITH EVER DECLARED BA	NKRUPTCY? IF YES, PLEASE EXPLAIN.	
PERSONAL AMOUNT, BEFORE LOAN, AVAILABLE FOR IN	IVESTMENT? PLEASE EXPLAIN IF NECE	SSARY.	
GEOGRAPHICAL LOCATIONS BY ORDER OF PREFERENCE	 E:		
1. 2.	3.	<u>4</u> .	
WILL YOU WORK FULL-TIME OR PART-TIME?	DO YOU HAVE AN ASSOCIAT	fe? if yes, will he/she be an active as	SOCIATE?
WHEN WOULD YOU BE AVAILABLE TO OPERATE THE FR HOW MANY HOURS PER WEEK? EXPLAIN YOUR IMPLIC			
HOW MUCH REVENUE DO YOU ASPIRE TO MAKE IN THI	e business? first year	/\$	/\$
WHAT WILL BE YOUR MOST IMPORTANT CONTRIBUTIO	NS TO THE BUSINESS AND EXPLAIN IN	what way?	
WHAT IS YOUR PERCEPTION OF THE PUR & SIMPLE SYS	TEM?		
DO YOU KNOW A PUR & SIMPLE FRANCHISEE? IF YES, II	n what way?		
PRECISELY WHICH ELEMENTS OF YOUR ASSETS WOULD	) YOU LIQUIDATE TO SATISFY PUR & SII	mple's equity requirements.	

### PERSONAL REFERENCES (other than close relatives)

1. NAME	2. NAME	3. NAME
OCCUPATION	OCCUPATION	OCCUPATION
ADDRESS	ADDRESS	ADDRESS
TELEPHONE	TELEPHONE	TELEPHONE

NOTE: The answers to this questionnaire are confidential and this application obligates neither party and does not constitute a document which automatically allocates a Pur & Simple franchise.



### PERSONAL FINANCIAL STATEMENT

previous employers to make a information in any judicial and out or all other parties acting o	vailable all personal and pro credit files concerning me, to n their behalf (or by interme	ze all enterprises, institutions, corp ofessional information including, a the enterprise for which this applic diary), liberating them of all respon ls pertaining to my character and re	nd without limitation to, ation form has been filled ssibility. I am aware and I
SIGNATURE		MONTH DAY YEAR DATE	
ASSETS		LIABILITIES	
CASH IN BANK	/\$	NOTES OR BANK LOANS	/\$
NAME OF BANK		NAME OF BANK	
ADDRESS		ADDRESS	
ACCOUNT NUMBER		ACCOUNT NUMBER PERSONAL CREDIT MARGIN	/\$
OTHER BANKS			/\$
SHARES, OBLIGATIONS	/\$	credit cards (balance due)	
OTHER TITLES AND ASSETS	/\$	MORTGAGE ON RESIDENCE	/\$
		OTHER PROPERTIES	/\$
DESCRIBE		INCOME TAX PAYABLE OTHER LIABILITIES (DESCRIBE)	/\$
NAME OF BROKER			
VALUE OF RETIREMENT FUNDS OR OTHER TYPES OF FUNDS (DESCRIBE)	/\$		
		LIST INDIRECT OBLIGATIONS SUCH AS: SPONSORSHIPS	/\$
		GUARANTIES	/\$
NET VALUE OF YOUR BUSINESS OR YOURSELF (IF APPLICABLE)	/\$	OTHERS	/\$
PROPERTIES OWNED	/\$		/\$
LIFE INSURANCE RESALE VALUE	/\$		/\$
VEHICLES	/\$		
OTHER ASSETS	/\$		
TOTAL ASSETS	/\$	TOTAL LIABILITIES NOTE : Please attach a copy of your last financial	/\$



### PRESENT SOURCE OF INCOME

SALARY	/\$
BONUSES AND COMMISSIONS	/\$
DIVIDENDS	/\$
INTEREST	/\$
PROPERTY REVENUES	/\$
OTHER REVENUES (DESCRIBE IN DETAIL):	/\$
TOTAL	/s

DESCRIBE YOUR EXPERIENCES IN THE RESTAURANT OR RETAIL INDUSTRY WHICH ARE PERTINENT AS WELL AS ANY SALES, ADMINISTRATION, TRAINING, MANAGEMENT, ETC.

LIST CIVIL, PROFESSIONAL OR OTHER ORGANIZATIONS OF WHICH YOU ARE A MEMBER.

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

DIPLOMA

SCHOOL / COLLEGE / UNIVERSITY

I, \_\_\_\_\_\_\_\_, certify that all informations given in this application form are exact and truthful. I authorize Pur & Simple Restaurants Inc. and all enterprises mandated by them in the evaluation of this application for my candidacy, to communicate with my former employers, my present employer, suppliers dealing with me, agents of personal information, financial institutions, all governmental authorities or with people that I have mentioned as personal references (designated below, individually or collectively as "personal reference"), in order to get personal information and/or information on all companies in which I am majority shareholder, directly or indirectly. To this effect, I allow all such "personal reference" to transmit to Pur & Simple Restaurants Inc. the requested information.

MONTH DAY YEAR DATE