



# BARISTA CAFE

## Application Form For Franchise Consideration

The following Application Form will help us determine if a Barista cafe franchise is right for you. The information you provide will be treated in the strictest of confidence and completion of this form in no way constitutes a commitment to Barista Cafe nor that a franchise will automatically be 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 Barista cafe.

E-mail, Mail, Fax or deliver to:

*Head Office*  
Barista Café Ltd.  
202 – 1128 West Broadway  
Vancouver, BC V6H1G5  
Telephone: (604) 739-2426  
Fax: (604) 739-8623  
info@baristacafe.ca

### Personal Information

Date \_\_\_\_\_

Full Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Previous address (If at current address for 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 : \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_ Age of children: \_\_\_\_\_

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

Name of Partner 1: \_\_\_\_\_ Percentage ownership: \_\_\_\_\_

Name of Partner 2: \_\_\_\_\_ Percentage ownership: \_\_\_\_\_

Name of Partner 3: \_\_\_\_\_ Percentage ownership: \_\_\_\_\_

PLEASE NOTE : If you do have a partner, a separate application form will need to be submitted by him/her.

**Education**

High School \_\_\_\_\_ College \_\_\_\_\_ University \_\_\_\_\_

List any course related to retail sales or management \_\_\_\_\_

What Language do you speak? \_\_\_\_\_

**General Information**

How did you become interested in the Barista Cafe franchise?

- \_ You're a regular customer (Specify location) \_\_\_\_\_
- \_ Existing franchisee (Specify name /location) \_\_\_\_\_
- \_ Advertisement \_\_\_\_\_
- \_ Other (Specify ) \_\_\_\_\_

Please list desired areas for a location.

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

Have you ever been self-employed?  Yes  No If yes, what was the business? \_\_\_\_\_

Have you or any company you had ownership in ever declared bankruptcy or failed?  Yes  No

If yes, state the reason, place and date of discharge: \_\_\_\_\_

Have you ever been charged with a criminal offense?  Yes  No

If yes, state details: \_\_\_\_\_

**Personal Profile**

What are your expectations by owning a Barista Café franchise?

\_\_\_\_\_  
\_\_\_\_\_

Why do you think that you will succeed as a Barista Cafe?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in a Barista Cafe 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 that you will be a strong manager of people?

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Please provide an overview of your past business experience, past professional sales experience:

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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/week)\_\_\_\_\_

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?\_\_\_\_\_

How will they help?

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## Employment History

### Present employer

May we contact your present employer? Yes\_\_\_ No\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Type of Business \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_

### Previous employer 1

May we contact your previous employer? Yes\_\_\_ No\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Type of Business \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_ Annual salary: \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**Previous employer 2**

May we contact your previous employer? Yes\_\_\_\_ No\_\_\_\_

Company Name: Telephone: Type of Business

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Address: Supervisor's name

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Employed from: to: Position: Annual salary:

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Duties / Responsibilities:

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Company: Telephone: Supervisor's name:

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Reasons for leaving:

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**Financial Information**

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

<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash		Bank loan (Car, line of credit, etc.)	
Securities		Notes payable	
RRSPs		Home mortgage	
Notes & loans receivable		Credit card payables	
Home (market value)		Other real estate loans	
Other real estate		Other liabilities (Please specify)	
Other assets (Please specify)			
Value of business (If self-employed)			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

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

Credit 1	Limit
Credit 2	Limit
Credit 3	Limit

How much unencumbered cash do you have to invest in a Cafe Supreme?

<b>Current net monthly income</b>	<b>Current net monthly expenses</b>
Salary:	Rent or mortgage:
Spouse's salary:	Utilities:
Other income:	Realty taxes:
	Car expenses:
	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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**FINANCIAL REFERENCES**

Name 1: Company: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account number: \_\_\_\_\_

Name 2: Company: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Account number: \_\_\_\_\_

**OTHER REFERENCES**

Name 1: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

The submission of this application does not obligate myself or the corporation in any way or manner.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_