



country style

FRANCHISE APPLICATION FORM

This Application is kept confidential. Neither party is bound in any way by its submission of this Application. This Application must be completed in full and returned to receive further contact and information from Country Style Foods Service Inc. Please type or print clearly and attach additional documents or schedules, if necessary, to provide full disclosure.

Date: _____

PERSONAL INFORMATION

Name: _____ Social Insurance No. ____/____/____

Address: _____ Unit # _____

City: _____ Province: _____ Postal Code: _____

Res Tel: (____) ____ - _____ Bus Tel: (____) ____ - _____ Cell No: (____) ____ - _____

Fax No: (____) ____ - _____ E-mail Address: _____

Date of birth: _____ Marital status: _____ No. of dependents: _____

Spouse's name: _____ Spouse's occupation: _____

Country of citizenship: _____ Place of permanent residency: _____

Have you ever been convicted of a criminal offence or have any criminal charge pending or being appealed, or are you under indictment? Yes (___) No (___) If yes, please state details: _____

Have you ever been a member of any organization involved in terrorist activity in Canada or elsewhere?

Yes (___) No (___)

Have you ever been involved in terrorist activity in Canada or elsewhere? Yes (___) No (___)

BUSINESS INTEREST

How did you become interested in a Country Style franchise and why? _____

Have you ever owned or had an interest in any operation within the food service industry? Yes (___) No

(___) if yes, please give details: _____

Have you ever been involved in any litigation or arbitration/mediation with respect to your previous business

history? Yes (___) No (___) If yes, please explain: _____

What percent of the business will you own? __% Will you work in the business full time? Yes (___) No (___)

If no, please explain: _____

Who will be responsible for the day-to-day operations? _____

Will you have a business partner? Yes (___) No (___) if yes, please give name of each partner:

1) _____ 2) _____

Note: A separate application and financial statements are required for each partner.

PERSONAL FINANCIAL STATEMENT

I make the following statement of all my assets and liabilities as of this ___ day of _____ 200__

ASSETS

Cash on hand and unrestricted in the bank	\$
Vested profit sharing/pension	\$
Listed stocks/bonds/debentures	\$
Notes/accounts/mortgage receivable	\$
Real Estate	\$
Other assets	\$
Total Assets	\$

LIABILITIES

Accounts/Credit cards payable	\$
Notes/Loans payable to banks, unsecured	\$
Notes/Loans payable to banks, secured.	\$
Notes payable to others, secured and unsecured	\$
Mortgages payable on Real Estate	\$
Taxes and assessments payable	\$
Other liabilities	\$
Total Liabilities	\$

NET WORTH

Net Worth (Total Assets - Total Liabilities)	\$
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SOURCE OF INCOME

Salary	\$
Bonus	\$
Dividends/Interest	\$
Real Estate income	\$
Business profits	\$
Spousal income	\$
Total Income	\$

How will you finance this business venture? Cash \$ _____ Loan \$ _____

What is the source of this Capital? _____

BANKING INFORMATION

Bank name Location Account Number/Type How Long?

Bank name Location Account Number/Type How Long?

LISTED STOCKS, BONDS AND DEBENTURES

Description \$ Face Value \$ Cost \$ Present Value \$ Last Yr Income

Description \$ Face Value \$ Cost \$ Present Value \$ Last Yr Income

Description \$ Face Value \$ Cost \$ Present Value \$ Last Yr Income

REAL ESTATE HOLDINGS

Address Registered Owner

Mortgagee \$ Cost \$ Present Value \$ Mortgage Owning

Address Registered Owner

Mortgagee \$ Cost \$ Present Value \$ Mortgage Owning

Address Registered Owner

Mortgagee \$ Cost \$ Present Value \$ Mortgage Owning

PERSONAL REFERENCES (Please name three persons who have known you for at least two years)

1. Name Address Occupation () Telephone

2. Name Address Occupation () Telephone

3. Name Address Occupation () Telephone

The undersigned certifies that the information furnished in this Franchise Application is a true and correct statement of my (our) financial condition on the date indicated. I (We) agree to notify you immediately in writing of any material change in said condition. I (we) also authorize Country Style Foods Service Inc., its affiliates and their authorized suppliers to make whatever investigations and inquiries they may consider necessary to obtain all relevant character/credit information, records of criminal offenses and to release to prospective financing sources such financial and other information concerning me (us) in its files as may be requested.

Dated this _____ day of _____, 200_____

Name: _____

Signature: _____