

CONFIDENTIAL FRANCHISE APPLICATION

To determine mutual compatibility and financial qualifications, we ask you to please complete this form for careful evaluation by our management. The information supplied will be held in strict confidence. The submission of this application does not obligate either the applicant or Bulk Barn Foods Limited in any manner, nor does it imply that there is any legal or other relationship between either party.

PERSONAL INFORMATION

May we contact you here?

NAME: _____ HOME PHONE: _____ YES _____ NO _____
EMAIL ADDRESS: _____ BUSINESS PHONE: _____ YES _____ NO _____
ADDRESS: _____ CELL PHONE: _____ YES _____ NO _____

(City) (Province) (Postal Code)

HOME: OWN _____ RENT _____ HOW LONG _____ LAST FORMER RESIDENCE: _____

EDUCATION

LAST YEAR OF SCHOOL COMPLETED:

HIGH SCHOOL: 9 10 11 12 13 UNIVERSITY: 1 2 3 4
DEGREE: _____ ARE YOU BILINGUAL? YES _____ NO _____

DESCRIBE ANY TRAINING YOU HAVE RECEIVED IN THE AREAS OF SALES, MANAGEMENT OR RETAIL: _____

BUSINESS EXPERIENCE

EMPLOYMENT HISTORY (beginning with the most current for past 10 years):

FROM: _____ TO: _____ POSITION: _____
COMPANY NAME AND ADDRESS: _____
SUPERVISOR: _____ TELEPHONE: _____
DESCRIPTION OF RESPONSIBILITIES: _____

FROM: _____ TO: _____ POSITION: _____
COMPANY NAME AND ADDRESS: _____
SUPERVISOR: _____ TELEPHONE: _____
DESCRIPTION OF RESPONSIBILITIES: _____



FROM: _____ TO: _____ POSITION: _____

COMPANY NAME AND ADDRESS: _____

SUPERVISOR: _____ TELEPHONE: _____

DESCRIPTION OF RESPONSIBILITIES: _____

GENERAL INFORMATION

1. HAVE YOU OR ANYONE IN YOUR FAMILY EVER BEEN AFFILIATED WITH OR EMPLOYED BY BULK BARN FOODS LIMITED
YES _____ NO _____ *If yes, please explain on Additional Information Sheet*

2. ARE YOU RELATED TO ANY OFFICER, DIRECTOR, OR EMPLOYEE OF BULK BARN FOODS LIMITED?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet*

3. DO EITHER YOU OR YOUR EMPLOYER HAVE A BUSINESS RELATIONSHIP AND/OR SUPPLY GOODS AND/OR SERVICES TO BULK BARN FOODS LIMITED? YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

4. DO YOU HAVE BUSINESS ACQUAINTANCES, PERSONAL ACQUAINTANCES, OR FRIENDS WHO CURRENTLY OPERATE A BULK BARN FRANCHISE? YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

5. IS IT YOUR INTENTION TO DEVOTE YOUR FULL TIME TO THE OPERATION OF A BULK BARN FRANCHISE?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

6. WILL ANY ASSOCIATES OR ANY OTHER PERSONS JOIN YOU AS SHAREHOLDERS IN FORMING A CORPORATION TO OPERATE A BULK BARN FRANCHISE? *NOTE: EACH PARTNER (EXCEPT A PARTNER WHO IS YOUR SPOUSE) MUST COMPLETE A SEPARATE APPLICATION FORM.* YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

7. HAVE YOU EVER IN THE PAST APPLIED FOR A FRANCHISE WITH BULK BARN FOODS LIMITED?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

8. DO YOU NOW OR HAVE YOU EVER OWNED OR HELD AN INTEREST IN A BULK FOOD OR HEALTH FOOD STORE?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

9. DO YOU HAVE NOW OR HAVE YOU EVER OWNED OR HELD AN INTEREST IN ANY OTHER BUSINESS VENTURE?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

10. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE (other than minor traffic offences) OR ARE YOU CURRENTLY INVOLVED IN A CRIMINAL PROCEEDING?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

11. HAVE YOU EVER BEEN EITHER A PLAINTIFF OR A DEFENDANT IN ANY TYPE OF CIVIL LITIGATION?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

12. HAVE YOU, OR ANY COMPANY WITH WHICH YOU HAVE BEEN ASSOCIATED, EVER BEEN INVOLVED IN ANY BANKRUPTCY, INSOLVENCY OR CREDITORS' RIGHTS PROCEEDINGS?
YES _____ NO _____ *If yes, please explain on Additional Information Sheet.*

13. PLEASE LIST NAMES AND ADDRESSES OF PROFESSIONAL ADVISORS AND REFERENCES:

LAWYER:

FIRM: _____ NAME: _____

ADDRESS: _____ PHONE: _____

ACCOUNTANT:

FIRM: _____ NAME: _____

ADDRESS: _____ PHONE: _____

BANKER

FIRM: _____ NAME: _____

ADDRESS: _____ PHONE: _____

PERSONAL:

NAME: _____ ADDRESS & PHONE: _____ POSITION/RELATIONSHIP: _____

1. _____

2. _____

3. _____

MAY WE CONTACT THESE ADVISORS AND/OR REFERENCES TODAY? YES _____ NO _____

14. DO YOU UNDERSTAND THAT THE SUCCESS OR FAILURE OF YOUR PROSPECTIVE BUSINESS IS PRIMARILY YOUR RESPONSIBILITY? YES _____ NO _____

15. IN WHAT GEOGRAPHIC AREAS ARE YOU INTERESTED IN OPERATING A BULK BARN STORE?

1ST CHOICE: _____2ND CHOICE: _____3RD CHOICE: _____

16. ARE YOU WILLING TO RELOCATE? YES _____ NO _____

17. HAVE YOU BEEN REFERRED TO BULK BARN BY ANY OTHER INDIVIDUAL, INCLUDING AN EXISTING BULK BARN FRANCHISEE? YES _____ NO _____

IF YES, PLEASE PROVIDE FRANCHISEE'S NAME _____

18. WHERE DID YOU HEAR ABOUT OUR FRANCHISE OPPORTUNITIES? _____

19. DESCRIBE IN YOUR OWN WORDS THOSE FACTORS WHICH MAY BE RELEVANT TO BULK BARN FOODS LIMITED IN CONSIDERING YOUR APPLICATION FOR A FRANCHISE. (USE ADDITIONAL INFORMATION SHEET IF YOU NEED MORE SPACE.)

FINANCIAL INFORMATION

1. HOW MUCH UNENCUMBERED CASH DO YOU HAVE AVAILABLE FOR THIS INVESTMENT? \$ _____
2. DO YOU CURRENTLY HAVE A SOURCE OF FINANCING? YES _____ NO _____
 Describe source _____

PERSONAL FINANCIAL STATEMENT AS AT: _____

<u>ASSETS</u>		<u>LIABILITIES & NET WORTH</u>	
CASH ON HAND AND IN BANKS (schedule 1)	\$ _____	NOTES PAYABLE TO BANKS (schedule 1)	\$ _____
ACCOUNTS & NOTES RECEIVABLE (itemize)	\$ _____	NOTES, LOANS & ADVANCES PAYABLE (itemize)	\$ _____
SECURITIES (schedule 2)	\$ _____	LOANS AGAINST LIFE INSURANCE (schedule 3)	\$ _____
LIFE INSURANCE, CASH SURRENDER VALUE (schedule 3)	\$ _____	ACCOUNTS PAYABLE	\$ _____
STOCKS & BONDS – MARKETABLE & NON-MARKETABLE (schedule 4)	\$ _____	MORTGAGES PAYABLE OR LIENS ON REAL ESTATE (schedule 5)	\$ _____
REAL ESTATE (schedule 5)	\$ _____	INCOME TAXES AND ASSESSMENTS PAYABLE (schedule 6)	\$ _____
RRSP'S	\$ _____	OTHER INDEBTEDNESS (including credit card balances – itemize):	\$ _____
AUTOMOBILES – MARKET VALUE REGISTERED IN OWN NAME, NUMBER OF VEHICLES	\$ _____		
OTHER ASSETS, PROPERTY OR INVESTMENTS (itemize):	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
		NET WORTH (ASSETS MINUS LIABILITIES)	\$ _____
		TOTAL LIABILITIES & NET WORTH	\$ _____

<u>ANNUAL SOURCE OF INCOME</u>		<u>CONTINGENT LIABILITIES</u>	
SALARY	\$ _____	GUARANTOR OBLIGATIONS	\$ _____
SPOUSE'S SALARY (if applicable)	\$ _____	LEASES OR CONTRACTS	\$ _____
BONUS AND COMMISSIONS	\$ _____	LIENS OR SPECIAL DEBT	\$ _____
DIVIDENDS AND INTEREST	\$ _____	PROVISION FOR FEDERAL OR OTHER TAXES	\$ _____
REAL ESTATE INCOME	\$ _____	OTHER LIABILITIES (alimony, child support, maintenance, etc.) itemize:	\$ _____
BUSINESS, PROFESSIONAL OR ROYALTY INCOME	\$ _____		
OTHER INCOME (itemize):	\$ _____		
TOTAL	\$ _____	TOTAL	\$ _____

SCHEDULE 1 – BANKING BALANCES

NAME & LOCATION OF BANK	CASH BALANCE	OUTSTANDING LOANS, GUARANTEES	MATURITY DATE OF LOANS	DESCRIPTION OF SECURITY

SCHEDULE 2 – SECURITIES

DESCRIPTION OF SECURITY	MARKET VALUE	FACE VALUE	MATURITY DATE	INCOME RECEIVED LAST YEAR	ARE SECURITIES PLEDGED?

SCHEDULE 3 – LIFE INSURANCE

INSURANCE COMPANY	BENEFICIARY & RELATIONSHIP	TYPE OF POLICY	FACE AMOUNT	PRESENT CASH SURRENDER VALUE	AMOUNT OF POLICY LOAN	ANNUAL PREMIUM	IS POLICY ASSIGNED?

SCHEDULE 4 – STOCKS & BONDS

NAME OF STOCK/BOND	NUMBER OF SHARES/BONDS	FACE VALUE OF BONDS	COST	MARKET VALUE	INCOME RECEIVED LAST YEAR	ARE SHARES/ BONDS PLEDGED?

SCHEDULE 5 – REAL ESTATE

ADDRESS	TITLE IN WHOSE NAME	COST	MARKET VALUE	BALANCE ON MORTGAGE	MORTGAGE DATE	AMT. OF EACH INSTALLMENT

SCHEDULE 6 – UNPAID TAXES

YEAR	AMOUNT

Use Additional Information Sheet if you need more space.

FRANCHISE APPLICATION ACKNOWLEDGEMENT

Privacy Legislation deems that personal information collected by a corporation from any individual is considered confidential and may not be used or disclosed by the corporation for any purpose unless either the individual has consented to such disclosure or a legislative exception applies such that consent is not required. Your signature on this form constitutes consent for Bulk Barn Foods Limited (“BBFL”) to:

1. Use the personal information contained in this form to consider your application and, if your application is accepted, for internal use and for use in any documents promoting BBFL’s franchise business.
2. Disclose the personal information contained in this form to any person, firm or corporation and collect additional personal information from such person(s), firm(s) or corporations(s) for the purposes of verifying the personal information contained in this form and determining whether or not you would be a suitable BBFL franchisee.

In particular, the undersigned acknowledges that an investigation may be made with respect to the personal information contained in this form and that further information may be gathered with respect to the undersigned’s financial status. The undersigned authorizes his or her former employers, educational institutions, financial institutions and references to release personal information in their possession regarding the undersigned to BBFL. The undersigned voluntarily waives all recourse and releases BBFL from any claim or liability whatsoever in any way relating to such an investigation or to the use of the results of such an investigation. The undersigned also releases any person, firm or corporation providing personal information to BBFL from any claim or liability whatsoever in any way relating to the information provided by them.

The undersigned further acknowledges that BBFL has many criteria for accepting a franchisee, and has the right to reject any applicant without itemizing the reasons for such rejection.

The undersigned certifies that this form has been completed fully and accurately, to the best of his or her knowledge, and that it includes true and accurate information concerning the financial condition of the undersigned as of the date hereof. Any false information or material omission in this form could result in the disqualification of the application from consideration and immediate termination of any agreement reached between the undersigned and BBFL if discovered after the application is accepted.

If an applicant’s application is rejected, the applicant will be required to submit a new application if he/she wishes to re-apply. BBFL confirms that it will comply with all applicable privacy legislation in the retention and destruction of such information.

DATED THE _____ DAY OF _____, 20_____

 APPLICANT’S SIGNATURE

 APPLICANT’S NAME (please print)

 SPOUSE’S SIGNATURE (if applicable)

 SPOUSE’S NAME (please print)

- ❖ FAX OR E-MAIL TRANSMISSIONS OF THIS APPLICATION FORM WILL NOT BE ACCEPTED.
- ❖ INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.
- ❖ PLEASE RETURN COMPLETED AND SIGNED APPLICATION FORM TO:

FRANCHISE DEPARTMENT
 BULK BARN FOODS LIMITED
 55 LEEK CRESCENT
 BEAVER CREEK BUSINESS PARK
 RICHMOND HILL, ONTARIO L4B 3Y2
- ❖ PLEASE ALLOW 4 TO 6 WEEKS FOR A RESPONSE.

