



Franchise Application Form

Please fill out this form and
send it back to us at:

franchise@aquafinswimschool.com

This information on this form is the basis for a franchise application and will be kept confidential. This form is not to be construed as an offer of a franchise, a commitment or a binding agreement on either party.

1. PERSONAL DATE (Please complete the entire application form in order to be considered)

DATE OF APPLICATION DATE OF BIRTH

FIRST NAME SURNAME

SOCIAL INSURANCE/SECURITY NUMBER

UNIT & STREET ADDRESS

CITY PROVINCE/STATE POSTAL/ZIP CODE

HOME PHONE BEST NUMBER TO CONTACT YOU: HOME ☐ WORK ☐ CELL ☐

WORK PHONE FAX (IF ANY)

CELL PHONE EMAIL

DO YOU RENT OR OWN YOUR HOME? RENT ☐ OWN ☐ HOW MANY YEARS AT THIS LOCATIONS?

MARITAL STATUS WILL YOUR SPONSE BE ACTIVE IN THE BUSINESS? YES ☐ NO ☐

SPONSE/PARTNER'S NAME SPONSE/PARTNER'S OCCUPATION

2. PERSONAL HISTORY

WHAT IS YOUR CITIZENSHIP? CANADIAN ☐ AMERICAN ☐ OTHER (PLEASE SPECIFY)

IF "OTHER" WHAT IS YOUR COUNTRY OF PERMANENT RESIDENCE

IF "OTHER" WHAT IS YOUR CURRENT IMMIGRATION STATUS

HAVE YOU EVER OWNED YOUR OWN BUSINESS BEFORE? YES ☐ NO ☐

DETAILS

ARE YOU CURRENTLY A PARTY TO ANY PENDING LEGAL ACTION? YES ☐ NO ☐

IF "YES" PLEASE GIVE DETAILS

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE UNDER THE LAWS OF CANADA OR THE USA FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES ☐ NO ☐ IF YES PLEASE GIVE DETAILS

HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? YES ☐ NO ☐ IF YES PLEASE GIVE DATE & DETAILS

3. EMPLOYMENT HISTORY (Start with most recent employment and work backwards.)

COMPANY TYPE OF BUSINESS

ADDRESS

START DATE END DATE

POSITION ANNUAL SALARY

SUPERVISOR PHONE

DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

COMPANY TYPE OF BUSINESS

ADDRESS

START DATE END DATE

POSITION ANNUAL SALARY

SUPERVISOR PHONE

DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

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DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

MAY WE CONTACT YOUR PAST EMPLOYERS? YES ☐ NO ☐

4. EDUCATION HISTORY (Please state the last year of education you completed)

HIGH SCHOOL 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ COLLEGE/UNIVERSITY 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐

DEGREE OR DIPLOMA COMPLETED

TRAINING IN SALES, MANAGEMENT OR RETAIL

OTHER

5. APPLICANT PROFILE

WHAT APPEALS TO YOU ABOUT FRANCHISING?

HOW WOULD YOU DESCRIBE THE ROLES OF THE FRANCHISOR (AQUAFIN) AND THE FRANCHISEE?

HOW DID YOU BECOME INTERESTED IN AN AQUAFIN SWIM SCHOOL FRANCHISE - AND WHY?

HAVE YOU BEEN TO A YEH! STORE? YES ☐ NO ☐ IF YES, WHICH LOCATION?

WHAT APPEALS TO YOU ABOUT AN AQUAFIN SWIM SCHOOL FRANCHISE?

HAVE YOU EVER OWNED OR HAD AN INTEREST IN ANY OTHER OPERATION WITHIN THE SWIMMING
INDUSTRY? YES ☐ NO ☐

IF YES, PLEASE GIVE DETAILS

HOW MANY HOURS DO YOU TYPICALLY WORK PER WEEK? UNDER 35 ☐ 35 ☐ 40 ☐ 50 ☐ 60 ☐ OVER 60 ☐

HOW MANY HOURS WOULD YOU LIKE TO WORK PER WEEK? UNDER 35 ☐ 35 ☐ 40 ☐ 50 ☐ 60 ☐ OVER 60 ☐

WHO WOULD BE RESPONSIBLE FOR THE FRANCHISE'S DAY-TO-DAY OPERATION?

IN YOUR OPINION, WHAT ARE THE CHARACTERISTICS OF A GOOD BUSINESS?

IF YOU WERE AWARDED A FRANCHISE, WHAT WOULD YOU DO TO MAKE THE BUSINESS SUCCESSFUL?

WHAT ARE YOUR GOALS/OBJECTIVES FOR THE NEXT 5 YEARS?

6. REFERENCES (Excluding relatives)

PLEASE FILL NAME AND RELATIONSHIP, CITY, PROVINCE/STATE & PHONE

1.
2.
3.

7. BUSINESS INFORMATION (Note: separate applications are required for each partner.)

WHAT PERCENTAGE OF THE EQUITY OF THE RESTAURANT WILL YOU OWN? %

WILL YOU HAVE A BUSINESS PARTNER OR PARTNERS? YES ☐ NO ☐

IF YES, YOUR BUSINESS PARTNER(S):

NAME FULL-TIME ☐ PART-TIME ☐ INVESTMENT ONLY ☐

NAME FULL-TIME ☐ PART-TIME ☐ INVESTMENT ONLY ☐

NAME FULL-TIME ☐ PART-TIME ☐ INVESTMENT ONLY ☐

WHAT OTHER BUSINESS(ES) DO YOU HAVE AN INTEREST IN?

HOW DO YOU PLAN TO FINANCE THIS BUSINESS VENTURE? CASH ☐ LOAN ☐

IF LOAN, WHAT COLLATERAL WILL YOU MAKE AVAILABLE?

IF QUALIFIED, WHEN WOULD YOU BE READY TO INVEST IN YOUR FRANCHISE?

WILL YOU REQUIRE ASSISTANCE IN OBTAINING FINANCING? YES ☐ NO ☐

8. LOCATION PREFERENCE

FIRST CHOICE

SECOND CHOICE

OTHER(S)

WOULD YOU BE WILLING TO RELOCATE? YES ☐ NO ☐

IF YES, WHERE?

9. FINANCIAL STATEMENT (Mandatory information)

PERSONAL FINANCIAL INFORMATION AS OF TODAY (ENTER TODAY'S DATE)

ASSETS:

CASH ON HAND

SECURITIES (STOCKS, BONDS, RRSPs, IRAs)

ACCOUNTS AND LOANS (RECEIVABLES)

HOME (MARKET VALUE)

OTHER REAL ESTATE

AUTOMOBILES (MARKET VALUE)

OTHER ASSETS (PLEASE LISTE)

TOTAL ASSETS

LIABILITIES:

NOTES PAYABLE

LOANS AGAINST INSURANCE

LOANS

MORTGAGES (BALANCE OWING)

CREDIT CARDS

OTHER LIABILITIES (PLEASE LIST)

TOTAL LIABILITIES

NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES =)

10. PLEASE READ CAREFULLY

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT.

I HEREBY AUTHORIZE THE YEH! FROZEN YOGURT & CAFE, OR ITS AGENT, TO VERIFY ANY AND ALL DATA SUBMITTED, AND TO MAKE ANY ADDITIONAL CREDIT AND FINANCIAL INVESTIGATION THAT IT DEEMS NECESSARY OR ADVISABLE.

I HEREBY AUTHORIZE THE YEH! FROZEN YOGURT & CAFE, OR ITS AGENT, TO OBTAIN BACKGROUND CHARACTER INFORMATION REGARDING ME WHICH IT DEEMS NECESSARY OR ADVISABLE.

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 THE YEH! FROZEN YOGURT & CAFE AND MYSELF.

THE UNDERSIGNED CERTIFY/IES THAT THE INFORMATION CONTAINED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT. (IF YOUR SPOUSE IS APPLYING AS A PROSPECTIVE CO-FRANCHISEE, HIS/HER SIGNATURE IS ALSO REQUIRED.)

DATE

SIGNATURE

SIGNATURE (SPOUSE)