



Franchise Application Form

Applicant(s) name: _____

Date: _____

Thank you for considering Eat Clean Healthy Grill. This form will help you prepare and present your personal and business information which is essential for our consideration in granting Franchises. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you and or Eat Clean Healthy Grill.



Home Address:

Do you currently own or have you owned a business in the past? If yes, what type of business?

Office Tel: _____

Mobile Tel: _____

Email: _____

In which geographical area do you currently operate your business? (if applicable)

In which geographical area would you like to operate an Eat Clean Healthy Grill franchise?

Education

Post-Secondary Education (if applicable)

Course Description

Year

Name of Institution



Higher Education and Qualifications (including personal/professional development courses and seminars)

Course Description	Year	Name of Institution

References

Please provide two references (no contact will be made until there is a mutual agreement to you entering our franchisee prospect program)

Reference 1

Name: _____

Phone Number: _____

Email: _____

Occupation: _____

Relationship: _____

Reference 2

Name: _____

Phone Number: _____

Email: _____

Occupation: _____

Relationship: _____



Career and Business History

Employer's name or business name	Type of business	Position(s) held	Duties and responsibilities	Reason for leaving



Financial Statement

Personal Financial Statement (not a determining factor)

Salary: _____

Other income (please specify): _____

Spouse income: _____

Have you or your spouse ever declared bankruptcy? If so, please provide details.

Have you ever been involved in a business failure? Please provide details.

Have you ever been convicted of a criminal offence? Please provide details.

Describe why you believe that you would be a successful Eat Clean Healthy Grill franchise owner.

Give two examples where you delivered world class customer service (in your business or job).



What motivates you?

How do you measure success for you as a leader?

What is your involvement in the community? (church, rotary club, hobbies, etc.)

Have you previously applied for any other franchises? If yes, please provide details.

List 5 things that you are grateful for:

1. _____
2. _____
3. _____
4. _____
5. _____

Our team at Eat Clean Healthy Grill appreciates and thanks you for your time and effort in completing the franchise application form. We welcome applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, colour, nationality, sexual orientation, religion or belief.

Please sign the below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by Eat Clean Healthy Grill to assess your application and carry out such checks as are required to verify your information and your suitability as a franchise owner. You agree that you will notify Eat Clean Healthy Grill of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the franchise potential program.

Signature: _____

Date: _____