



MARTINO'S PIZZA CANADA

FRANCHISE APPLICATION FORM

| <i>PERSONAL INFORMATION</i> | | | | |
|--|---------|--------------------------|------------------------------|-----------------------------|
| Full Legal Name : | | | | |
| Date of Birth : | | | | |
| Home Address : | | | | |
| City : | | Province : | | Postal Code : |
| How long at this address? | | | | |
| If less than 2 years please state previous address : | | | | |
| Do you own or rent the house? | Own | <input type="checkbox"/> | Rent | <input type="checkbox"/> |
| Home Phone : | | May we contact you hear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Work Phone : | | May we contact you hear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cell Phone : | | May we contact you hear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Email Address : | | | | |
| Are you a Canadian Citizen or PR? | Citizen | <input type="checkbox"/> | PR | <input type="checkbox"/> |
| Do you have a valid Driver's License? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| What is the good time to contact you? | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> |
| | | | Evening | <input type="checkbox"/> |
| Marital Status : | Married | <input type="checkbox"/> | Single | <input type="checkbox"/> |
| Spouse's Legal Name : | | | | |
| No. Of Children : | | | | |
| Any other dependents? Please give details | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes so how many? | | | | |
| Will your spouse be active in the business? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |



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| EDUCATIONAL QUALIFICATION | | | | | |
|----------------------------------|------------------------------------|--|------------------------|--|--|
| Level of Education Completed | Name of Institution & City/Country | | Qualification Obtained | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| EMPLOYMENT EXPERIENCES | | | | | |
|---|------------------------------|-----------------------------|----|----------|----------------------|
| Are you currently employed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Please briefly list career experiences for you. Attach a CV if needed | | | | | |
| | | | | | |
| Name of Employer | City & Province | From | To | Position | Job Responsibilities |
| | | | | | |
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| PARTNER'S INFORMATION | | |
|-------------------------------------|------------------------------------|------------------------------------|
| Do you have a business partner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | |
| 1. Name of Partner | | |
| | | |
| % of Ownership | | |
| | | |
| Do your partner currently employed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Partner's Involvement | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |



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| | | | |
|---|--|------------------------------------|------------------------------------|
| 2. Name of Partner | | | |
| % of Ownership | | | |
| Do your partner currently employed? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Partner's Involvement | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| 3. Name of Partner | | | |
| % of Ownership | | | |
| Do your partner currently employed? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Partner's Involvement | | Full Time <input type="checkbox"/> | Part Time <input type="checkbox"/> |
| OTHER INFORMATION | | | |
| 1. How did you hear about us? | | | |
| | | | |
| 2. Have you visited Martino's Pizza? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. Have you tried our product? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 4. What are your three main reasons for applying for a Martino's Pizza franchise? | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 5. Please describe any other skills, qualifications or interests that you have are relevant to the business? | | | |
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6. Have you ever owned or worked in a business similar to the proposed franchise? If so, please give details.

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7. When are you available to start?

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8. What annual income do you expect to earn?

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9. How many hours per week will you expect to spend in the business?

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10. Who will be responsible for daily operations?

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11. Do you or your partner own any other pizza restaurant? If yes please give details Yes ☐ No ☐

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12. Have you or anyone on your ownership team ever been convicted of a felony? If yes please give details Yes ☐ No ☐

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13. Have you or anyone on your ownership team ever filed for bankruptcy? If yes please give details Yes ☐ No ☐

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14. Describe any lawsuits that you have been involved in and the nature of the lawsuits.

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15. Do you or any persons related to you have any connection with any other restaurant business? If yes, provide relationship, name and nature of business below. Yes ☐ No ☐

| Name of Business | Location | Business Type |
|------------------|----------|---------------|
| | | |
| | | |
| | | |
| | | |

LOCATION PREFERENCES

In which area would you like to open your Martino's Pizza Franchise? Please specify name of cities/area.

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

If a franchise was not available in the preferred area, would you be willing to consider other city/areas?

If so, which cities/areas?

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

NET WORTH

(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)

CASH ON HAND

| Name of Institution | Chequing or Saving Account | Present Amount (CAD) (\$) |
|---------------------|----------------------------|---------------------------|
| | | |
| | | |
| | | |
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| | | |

INSURANCE

| | |
|-------------------------|--|
| Personal Life Insurance | |
| Spouse Life Insurance | |
| Household Insurance | |
| Other Insurance | |



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| REAL ESTATE OWNED | | | |
|--|--|------------------------------|--|
| <i>(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)</i> | | | |
| Address 1: | | | |
| Date of Purchase: | | | |
| Original Cost: \$ | | | |
| Present Value: \$ | | | |
| Mortgage Balance: \$ | | | |
| Address 2: | | | |
| Date of Purchase: | | | |
| Original Cost: \$ | | | |
| Present Value: \$ | | | |
| Mortgage Balance: \$ | | | |
| Address 3: | | | |
| Date of Purchase: | | | |
| Original Cost: \$ | | | |
| Present Value: \$ | | | |
| Mortgage Balance: \$ | | | |
| FINANCIALS | | | |
| <i>(PLEASE FILL OUT FOR EACH INDIVIDUAL PARTNERS IF ANY)</i> | | | |
| ASSETS (\$) | | LIABILITIES (\$) | |
| Cash on Hand and in Banks | | Mortgages | |
| Marketable Securities | | Accounts Payable | |
| Retirement Plan | | Notes Payable | |
| Accounts and Notes Receivables | | Loans on Life Insurance | |
| Real Estate | | Credit Cards (Total Balance) | |
| Personal Property | | Unpaid Taxes | |
| Business Holdings | | Personal line of credit | |
| Vehicles | | Family, friends | |
| Others (e.g. Jewelries etc.) | | Other | |
| Total Assets (\$) (A) | | Total Liabilities (\$) (B) | |
| Minus Total Liabilities (\$) (A-B) | | | |
| Net Worth (\$) | | | |



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DECLARATION

I hereby confirm that the information I have given is to the best of my knowledge true and correct.

Please note that this Franchise Application Form is regarded as confidential information and will be applied only in relation to the assessment of you as a potential business partner.

Thank you for your valuable time to complete this franchise application form.

We will be contacting you shortly with our response.

Applicant Signature : _____

Date : _____

Name of Applicant : _____

EMAIL THIS FRANCHISE APPLICATION FORM TO
franchise@martinozpizza.ca

CONTACT US FOR ANY CONCERN OR QUERIES

Neil Patel

Cell # : +1 (616) 416-4241

Email : support@martinozpizza.ca / franchise@martinozpizza.ca



MARTINO'S
PIZZA