



CONFIDENTIAL FRANCHISE APPLICATION FORM

(PLEASE COMPLETE ALL SECTIONS OF APPLICATION)

PERSONAL INFORMATION

NAME: _____ SIN #: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ HOME TEL: (____) _____ BUSINESS TEL: (____) _____

EMAIL: _____ CEL TEL: _____

LENGTH AT PRESENT ADDRESS? _____ YRS OWN RENT

ARE YOU A CANADIAN CITIZEN: YES NO IF NO, PLEASE GIVE PLACE OF PERMANENT RESIDENCE AND YOUR IMMIGRATION STATUS IN CANADA: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____ NO. OF CHILDREN: _____ AGES: _____

HOW MUCH TIME WILL YOU DEVOTE TO THIS BUSINESS? FULL-TIME PART-TIME

WILL SPOUSE BE ACTIVE IN THE BUSINESS? YES NO IF YES, FULL-TIME PART-TIME

SPOUSE'S OCCUPATION: _____

WILL THERE BE ANY OTHER ACTIVE PARTNERS IN THIS BUSINESS? YES NO IF YES, FULL-TIME PART-TIME

NAME OF PARTNER(S) _____

PLEASE NOTE: IF YOU DO HAVE A PARTNER A SEPARATE APPLICATION FORM WILL NEED TO BE SUBMITTED BY THEM

PERCENTAGE OF OWNERSHIP: _____ % _____ %
_____ % _____ %

LIST ANY HOBBIES, COMMUNITY ACTIVITIES, SPECIAL INTERESTS: _____

EDUCATION

(Please circle last year of school completed)

HIGH SCHOOL	9	10	11	12	13	
COLLEGE	1	2	3	4		Name of College: _____
UNIVERSITY	1	2	3	4		Name of University _____

LIST ANY COURSES RELATED TO RETAIL SALES OR MANAGEMENT: _____

WHAT LANGUAGES DO YOU SPEAK? _____

GENERAL INFORMATION

HOW DID YOU HEAR OF TIMOTHY'S WORLD COFFEE?

NEWSPAPER CAFE FRANCHISEE CUSTOMER INTERNET MAGAZINE
(Please specify which newspaper or magazine: _____)

PLEASE LIST THE GEOGRAPHIC AREAS OF INTEREST TO YOU FOR A TIMOTHY'S LOCATION (IN ORDER OF PREFERENCE):

1. _____ 2. _____ 3. _____

ARE YOU WILLING TO RELOCATE? YES NO (If yes, where? _____)

ARE YOU RELATED TO ANY EMPLOYEE OR FRANCHISEE OF THREECAF BRANDS CANADA INC. ? YES

IF YES, NAME OF PERSON AND ADDRESS OF LOCATION: _____

HAVE YOU EVER BEEN SELF-EMPLOYED? YES NO IF YES, WHAT WAS THE BUSINESS?

HAVE YOU EVER DECLARED PERSONAL BANKRUPTCY OR HAD A BUSINESS FAILURE? YES
IF YES, STATE THE REASON, PLACE AND DATE OF DISCHARGE:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: YES NO

(IF YES, EXPLAIN: _____)

PROFESSIONAL SERVICES

NAME, ADDRESS AND TELEPHONE OF LAWYER ACTING ON YOUR BEHALF FOR THIS TRANSACTION:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

NAME, ADDRESS AND TELEPHONE OF YOUR ACCOUNTANT:

NAME: _____ TELEPHONE NO: _____

ADDRESS: _____

EMPLOYMENT HISTORY - CURRENT EMPLOYER

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

COMPANY: _____ ADDRESS: _____

TYPE OF BUSINESS: _____ POSITION: _____ SALARY: _____

EMPLOYED FROM _____ TO _____ SUPERVISOR: _____

TELEPHONE: (_____) _____ DESCRIBE YOUR DUTIES/RESPONSIBILITIES: _____

FINANCIAL INFORMATION

I hereby present **Threecaf Brands Canada Inc.** with the most current and accurate financial information as of _____
DATE: (MM/DD/YYYY)

ASSETS:

CASH \$ _____ BANK LOANS \$ _____
SECURITIES \$ _____ MORTGAGE \$ _____
REAL ESTATE \$ _____ OTHER LOANS \$ _____
OTHER ASSETS \$ _____ BILLS PAYABLE \$ _____

HOW MUCH CASH WILL BE AVAILABLE TO INVEST INTO A TIMOTHY'S FRANCHISE? \$ _____

WHAT WILL BE THE SOURCE OF CAPITAL FOR A TIMOTHY'S FRANCHISE? \$ _____

CURRENT INCOME

(NET MONTHLY INCOME)

SALARY: \$ _____
SPOUSE'S SALARY: \$ _____
OTHER INCOME: \$ _____

CURRENT EXPENSES

(NET MONTHLY AMOUNT)

RENT OR MORTGAGE: \$ _____
UTILITIES: \$ _____
REALTY TAXES: \$ _____
CAR EXPENSES: \$ _____
OTHER EXPENSES: \$ _____

TOTAL MONTHLY INCOME

\$ _____

TOTAL MONTHLY EXPENSES

\$ _____

I hereby certify that, all information provided in this application is true and correct as of the date below. I authorize Threecaf Brands Canada Inc., or its affiliates or agents to conduct any necessary bankruptcy checks, receivership checks, civil litigation checks, criminal background checks, credit and/or reference checks, take a Polaroid picture upon approval and hereby waive my right conferred upon me by statute or otherwise regarding any disclosures obtained by Threecaf Brands Canada Inc. or its affiliates or agents. 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 myself and Threecaf Brands Canada Inc.

The submission of this application does not obligate myself or the corporation in any way or manner.

DATE: _____ SIGNATURE: _____

Please return completed application to:

Canada: Timothy's World Coffee Division
THREECAF BRANDS CANADA INC.
7880 KEELE STREET, UNIT 101
VAUGHAN, ONTARIO
L4K 4G7

FAX: (905) 482-7330

FRANCHISING DEPT.

<http://www.timothys.com/>