



FRANCHISE APPLICATION

APPLICATION FOR A Wild Wing Restaurants Inc. FRANCHISE
125 Don Hillock Drive, Unit #2, Aurora, ON. L4G 0H8

I INTRODUCTION

The purpose of this Wild Wing Restaurants Inc. franchise application is to provide information to Wild Wing Restaurants Inc. for a preliminary evaluation of the applicant(s) background and qualifications. Completion of this application is in no way binding upon either the applicant(s) or Wild Wing Restaurants Inc. It is understood that the information provided is accurate to the best of the applicant's knowledge and that the Company relies on the accuracy of the information given to determine the applicant's qualifications. It is the applicant's responsibility to notify the Company of any substantial changes in the information submitted. All information contained is considered confidential. However, it is understood that Wild Wing Restaurants Inc. may verify any references or information included in this application.

II PERSONAL INFORMATION

Name of Applicant	_____	Birth Date	_____
Marital Status	_____	Name of Spouse	_____
Address	_____	City/Province	_____
Postal Code	_____	Home Phone	_____
Business Phone	_____	Business Fax	_____
Business Address	_____	City/Province	_____
Postal Code	_____		

If at above address less than five years, please provide former address(es):

Are you a Canadian Citizen? Yes No If not, what is your status?

Are you or any business you own a defendant in any legal action? Yes No
 If yes please explain.

Have you ever filed bankruptcy? Yes No If yes please explain:

Have you had any liens or final judgments filed against you personally or any property or business business you own? Yes No If yes please explain:

III EDUCATIONAL RECORD

	APPLICANT	SPOUSE
High School	_____	_____
Last Grade Completed	_____	_____
College/University	_____	_____
Degree	_____	_____
Year Completed	_____	_____

IV EMPLOYMENT RECORD

	APPLICANT	SPOUSE
<i>CURRENT FIRM</i>	_____	_____
Phone Number	_____	_____
Address	_____	_____
City/Province	_____	_____
Postal Code	_____	_____
Position Held	_____	_____
Present Salary	_____	_____
Date Started	_____	_____
Job Duties	_____	_____

	APPLICANT	SPOUSE
PRIOR FIRM	_____	_____
Phone Number	_____	_____
Address	_____	_____
City/Province	_____	_____
Postal Code	_____	_____
Position Held	_____	_____
Previous Salary	_____	_____
Date Started	_____	_____
Date Left	_____	_____
Job Duties	_____	_____
Reason for Leaving?	_____	_____
Have you ever owned your own business/franchise? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain:		

V FINANCIAL INFORMATION

Statement of Financial Conditions as of _____ 20_____

Source of Income

Salary	\$ _____
Bonus, commission	\$ _____
Dividends, interest	\$ _____
Real estate income	\$ _____
Other income (itemize)	\$ _____
Total Income	\$ _____

Assets

Cash-chequing account	\$ _____
Cash-savings account	\$ _____
Money due you	\$ _____
Marketable securities	\$ _____
Real estate-principal residence	\$ _____
Real estate-other	\$ _____
Automobiles	\$ _____
Other	_____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Liabilities

Bank Loans	\$ _____
Mortgages	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	_____
Net Worth	_____
TOTAL	\$ _____

If needed, note assets in the above statement you plan to convert into cash to purchase a Wild Wing Restaurants Inc. franchise: _____

VI FINANCING AGREEMENT

1. How do you plan to finance the construction costs of your restaurant?

2. How do you plan to finance the equipment and other costs associated with opening your restaurant?

Upon request, all financial information must be verified and submitted along with 2 years personal income tax returns and supportive business financial statements and tax returns.

VII CREDIT REFERENCES

- | | | | |
|---------|-------|-------------|-------|
| 1. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 2. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 3. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |

VIII CHARACTER REFERENCES

- | | | | |
|---------|-------|-------------|-------|
| 1. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 2. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 3. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |

IX BUSINESS REFERENCES

- | | | | |
|---------|-------|-------------|-------|
| 1. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 2. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |
| 3. Name | _____ | Years Known | _____ |
| Address | _____ | Phone | _____ |

X OTHER PRINCIPAL AND MANAGEMENT

Investor-Associates who will join you in this venture. (Please have each individual fill out an application)

- 1. Name _____
 Address _____
 Home Phone _____
 Business Phone _____
 % Ownership _____

- 2. Name _____
 Address _____
 Home Phone _____
 Business Phone _____
 % Ownership _____

- 3. Name _____
 Address _____
 Home Phone _____
 Business Phone _____
 % Ownership _____

XI MISCELLANEOUS INFORMATION

- 1. Do you expect to devote your full-time attention to this business? _____
- 2. If not full-time, what percentage? _____
- 3. Will you employ a full-time manager? _____
- 4. When will you be able to start this venture? _____
- 5. Are you related to any officer, director or employee of Wild Wing Restaurants Inc. or a franchisee? Yes No If yes, please explain on an additional page.
- 6. Do you or your employer have a business relationship and supply goods or services to Wild Wing Restaurants Inc.? Yes No If yes please explain on an additional page.
- 7. Was any special promise made to you in connection with this application? Yes No If yes please explain on an additional page.
- 8. Will you be operating this franchise as a corporation or partnership? Yes No If yes, please include full business name and address or corporation or partnership and explain on an additional page. (A separate franchise application must be submitted by each partner and each shareholder.)

XII GEOGRAPHIC AREA OF INTEREST

First Choice _____

Second Choice _____

Third Choice _____

XIII PERSONAL STATEMENT

As I consider my restaurant and/or business experience, I am confident that I can operate a successful Wild Wing Restaurants Inc. because:

XIV ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE

The submission of this application does not obligate either the applicant or Wild Wing Restaurants Inc. in any manner, nor does it imply there is any legal commercial relationship between either party.

Applicant hereby certifies that the information contained in this franchise application including the financial statements and any additional pages submitted are true and correct and complete and that Wild Wing Restaurants Inc. may consider this statement as continuing to be true, correct and complete until a written notice of any change is given Wild Wing Restaurants Inc.

Applicant hereby certifies that the information supplied on the financial statement and any other financial statement submitted on other forms has been prepared in accordance with generally accepted accounting practices and is a true, correct and complete exhibit of applicant's financial condition as of the date of the signing of this application and that applicant agrees to update such financial statements should there be any change reducing the liquidity and/or the net worth as stated.

Further, Wild Wing Restaurants Inc. and its agents are authorized to make any and all inquiries as it deems necessary to verify the accuracy of the information contained in this application and financial statements made, and may conduct any additional background and financial investigation as it deems necessary.

Applicant, for him/herself and on behalf of any partners or shareholders, hereby agrees to hold Wild Wing Restaurants Inc., its parent, subsidiaries, affiliated, directors, officers, employees, and agents harmless and indemnify each of them from any and all claims, liabilities, damages, expenses, including legal fees and costs which may arise or in any way be connected with information supplied by applicant or others, including the verification by Wild Wing Restaurants Inc. and its agents of any such information.

Date: _____

Name: _____

Signature _____

It is the policy of Wild Wing Restaurants Inc. to make no discrimination in granting franchise because of race, colour, religion, age, sex, ancestry, national origin or marital status, or the presence of a disability or handicap that is not related to operating a Wild Wing Restaurants Inc.