



# FRANCHISE APPLICATION

APPLICATION FOR A Wild Wing Hospitality Inc. FRANCHISE  
1700 King Road Unit 20, King City ON L7B 0N1

## I INTRODUCTION

The purpose of this Wild Wing Hospitality Inc. franchise application is to provide information to Wild Wing Hospitality 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 Hospitality 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 Hospitality Inc. may verify any references or information included in this application.

## II PERSONAL INFORMATION

Name of Applicant	_____	Street Number	_____
Birth Date	_____	Street Name	_____
Marital Status	_____	Postal Code	_____
Name of Spouse	_____	City/Province	_____
Email Address	_____	Phone	_____

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**

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

**IV EMPLOYMENT RECORD**

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

	APPLICANT	SPOUSE
<b>PRIOR FIRM</b>	_____	_____
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)	\$	_____
<b>Total Income</b>	<b>\$</b>	<b>_____</b>

**Assets**

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

**Liabilities**

Bank Loans	\$	_____
Mortgages	\$	_____
Other	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Liabilities</b>		<b>_____</b>
<b>Net Worth</b>		<b>_____</b>
<b>TOTAL</b>	<b>\$</b>	<b>_____</b>

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIV ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE**

The submission of this application does not obligate either the applicant or Wild Wing Hospitality 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 Hospitality Inc. may consider this statement as continuing to be true, correct and complete until a written notice of any change is given Wild Wing Hospitality 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 Hospitality 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 Hospitality 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 Hospitality Inc. and its agents of any such information.

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature \_\_\_\_\_

*It is the policy of Wild Wing Hospitality 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 Hospitality Inc.*