

Source of Annual Income	
Salary	\$ _____
Bonus & Commissions	\$ _____
Interest and Dividends	\$ _____
Real Estate Income	\$ _____
Other Income (itemize)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

The operation of a Mexicali Rosa's Franchise is physically demanding. Are you prepared and more importantly, able to work long hours and withstand the pressure of the job? YES  NO

Have you ever declared personal bankruptcy or made a voluntary assignment of your assets? YES  NO   
(If you answered YES to this question, please provide details on separate sheet)

Have you ever been convicted of a criminal offence? YES  NO   
(If you answered YES to this question, please provide details on separate sheet)

For what reason are you considering a Mexicali Rosa's Investment...

- To operate yourself? YES  NO
- To be operated by others? YES  NO

Have you ever owned your own business? YES  NO   
(If you answered YES to this question, please provide details on separate sheet)

Are you the Guarantor on any outstanding loans? (including those to relatives or friends)  
If yes, give details and amount:

\_\_\_\_\_ \$

\_\_\_\_\_ \$

**Location**

Are you willing to relocate to establish a Mexicali Rosa's Restaurant? \_\_\_\_\_

Are you willing to work as a trainee in a Mexicali Rosa's Restaurant for a period of (4) months? YES  NO

Why are you interested in a Mexicali Rosa's Franchise? \_\_\_\_\_

**Personal References**

- \_\_\_\_\_
- \_\_\_\_\_

I hereby certify that all the information inserted herein by the Applicant has been carefully read and is true and correct in its entirety. Any misrepresentation will be just cause for the Franchisor to terminate any Franchise Agreement entered into with the applicant, or an entity in which the Applicant has an interest, at the sole discretion of the Franchisor.

I understand that it may be necessary for the Franchisor to release any or all of the information contained hereinto third parties in connection with obtaining a location, financing, licenses and permits in furtherance of the development of my franchise, and I hereby consent to the Franchisor's release of said information to those third parties deemed necessary by the Franchisor.

I hereby give my consent to the Franchisor to verify any of all the information inserted herein and to contact the named references as deemed necessary by the Franchisor.

SIGNED \_\_\_\_\_  
Applicant

DATE \_\_\_\_\_

©Mexicali Rosa's Franchise Company Incorporated

- Franchise application of partner(s) is required when applicable



**FRANCHISE APPLICATION**

Mexicali Rosa's Franchise Co.  
PO BOX 145  
Moncton, NB  
E1C8R9  
PHONE : 506-878-76720

Please note: This questionnaire does not obligate you in any way nor does it constitute an agreement by which the license for a Mexicali Rosa's Franchise will be granted.

(Please Print)

**Personal Information:**

Applicants Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Province Postal Code

How Long? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Are you a Canadian Citizen? Yes  No  Social Insurance No.: \_\_\_\_\_

**Education:**

Level of Education: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Name of College or University: \_\_\_\_\_

Degree: \_\_\_\_\_

Describe any relative training or experience in management, sales, etc.: \_\_\_\_\_

**Business Experience**

Present Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Person to Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Position & Duties: \_\_\_\_\_

**Previous Business Experience: (List prior occupation or business owned)**

Firm Name & Contact	City	Position or type of business	Dates
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Who recommended Mexicali Rosa's to you? \_\_\_\_\_ When will you be available? \_\_\_\_\_

Will you have a business partner(s)? Yes  No  \*Name of Partner(s) \_\_\_\_\_

To what extent will your partner(s) be involved in the day-to-day operation of the restaurant? \_\_\_\_\_

What percent of the equity of the enterprise will be made available by your partner(s)? \_\_\_\_\_

**IMPORTANT:** Returning this form does not obligate Mexicali Rosa's Franchise Co. Inc. management or the applicant in any way or manner.

