

Franchise Application Form

Applicants Name _____

Date ____ / ____ / ____

Thank you for considering Torisho Canada.

This form will help you prepare and present your personal and business information which is essential for our consideration in granting Licenses. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you and or Torisho Canada Inc..

*Please complete and forward all pages of the form to **info@torisho.ca**

Title Last name First name

Home Address:

Registered Business Address:

Office: _____ Mobile: _____ Email: _____

In which geographical areas do you currently operate your business?

In which geographical areas would you like to operate Torisho Store?

Education

Higher Education and Qualifications :(education since leaving school including professional qualifications)

Course/Program: __ Degree/Certificate _ Number of years ____

Name of institution _____ Address of institution _____

Secondary (education to normal leaving age):

Course/Program: _____

Degree/Certificate _____ Number of years ____ Name of institution _____
 Address of institution ____ Describe your current (Food & Beverage) retailing
 business set up and experience?

References

Please provide details of two business references.
 (No contact will be made until we have any mutual agreement of franchisee contract)

Referee 1

Name _____
 Address _____

Email _____
 Contact number _____
 Occupation _____
 Relationship _____
 No. of years acquaintance _____

Referee 2

Name _____
 Address _____

Email _____

Contact number _____

Occupation _____

Relationship _____

No. of years acquaintance _____

Career and Business History:

Dates		Employer's or business's name and address	Type of business	Position(s) held	Duties and responsibilities including number of employees supervised	Reason for leaving
From	To					

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Financial statement:

Personal financial Statement - for the last full financial year

Salary/Draw

Bonus/Commission _____

Dividends/Interest

_____ Property income

Profit of your business _____

Other income (please specify) _____

Spouse income _____

Total \$ _____

Do you have any other business interests? Please specify

Assets

Cash

Shares

Properties, at market value

Current assets

Inventory

Net business value

Liabilities

Loans

Mortgages

Current liabilities

Other liabilities/invoices due etc.

Any other debts

Total liabilities \$ _____

Total assets \$_____

What is your average monthly cash on hand?

How much capital do you have available to invest in this business \$_____

Have you, your current or previous company or your spouse ever been declared or filed for bankruptcy? Please provide details;

Have you or your business ever been prosecuted, or been involved in a dispute (i.e., county court judgements etc...)

Have you ever been involved in a business failure? Please provide details;

Have you ever been convicted of a criminal offence? Please provide details;

Describe why you believe that you can be a successful Torisho Franchisee?

Give some examples of how you have set up a business to deliver world class customer service?

Please provide some examples of changes you have implemented that have significantly improved the profit of your business?

Please give an example of a time when you made the wrong decision?
How was it resolved and what did you learn about yourself and your business?

Provide an example of when your leadership resulted in long term sustainable growth for your business?

Describe a time when you have strengthened your business through nurturing and inspiring your team?

Describe how you would run this business to generate profits?

What role do you foresee taking within the license and how, if at all, do you see this changing over time?

What motivates you?

Describe your involvement in the community, and any interests and hobbies you have outside of your business?

Provide examples of where your current business has been locally relevant in the community?

Torisho Canada appreciates the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, colour, nationality, sexual orientation, religion or belief.

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by Torisho Canada to assess your application and carry out such checks as are required to verify your information and your suitability as an extended Torisho Canada licensee. You agree that you will notify Torisho Canada of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the Torisho Canada programme.

Name (printed)

Signature

Date

____/____/____

Many Thanks
Torisho Canada

