



FRENCHISE APPLICATION FORM

Name

Date

Please attach your curriculum vitae

Please send us your completed form by email

to:

franchise@bussin.ca

<http://www.bussin.ca>

FRANCHISE

All the information provided will be treated confidentially. This form is not an agreement and does not bind Bussin Burger, nor the person herein mentioned in any way. Each partner shall fill in the present form.
- Bussin Canada Inc.

PERSONAL INFORMATION

Gender []
Name [] Occupation []
Address []
City [] Prov [] Postal Code []
Cell phone [] E-mail []
Date of Birth [] S.I.N. [] Marital Status []

Spouse's Name Occupation Have you personally, or any company in which you were a partner, declared bankruptcy? Explain Yes [] No []

Actual health status Excellent [] Acceptable [] Good [] Weak []
Explain if Weak or Acceptable []

Education Level []
Degree(s) obtained []
Spoken Language(s) Excellent Good Acceptable Weak
French [] [] [] []
English [] [] [] []
Other: [] [] [] []

GENERAL INFORMATION

How much capital do you want to invest? Do you have a partner? [] Do you have a financing source? Yes [] No []
If yes, Yes [] No []
Name of partner []
Address []
City [] Prov [] Postal Code []

BUSINESS EXPERIENCE

Name of present employer

Address

City Prov. Postal Code

Position or responsibilities

Duration of employment from to

Name of previous employer

Address

City Postal Code

Position or responsibilities

Duration of employment from to

Have you already owned or operated a business? Yes No

Which type of business? Please describe

BANKING INFORMATION

List all bank / trust company accounts in which you have accounts or credits.

Name and bank branch and/or trust	Balance of account	Loans	Due date
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ACCOUNTS, NOTES & LOANS RECEIVABLE

Name and address of debtor	Amount	Loan type	Due date
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

STOCKS, BONDS & SECURITY

Value and Number	Description	Registered in the name of	Cost	Actual Market Value	Past Year Income

LIFE INSURANCE

Name of insured person	Name of beneficiary	Insurance Company	Type of policy	Book value	Amount borrowed on the policy

REAL ESTATE

All the rights and legal titles of any real estate listed below are completely owned by the undersigned.

Purchase date	Description & address	Size	Improvements	Amount of mortgages	Installment date	Due date	Actual value

PERSONAL BALANCE SHEET

In date of

Cash on hand unrestricted (section A)	\$
Accounts & loans receivable (section B)	\$
Stock, bonds & security (section C)	\$
Life insurance (indicate surrender value) (section D)	\$
Real estate (section E)	\$
Automobiles in your name	\$
Other assets (indicate)	\$
	\$
	\$
TOTAL ASSETS (1)	\$

Notes payable (section A)	\$
Credit card balances	\$
Accounts & bills due	\$
Loans against insurance (section D)	\$
Real estate mortgages (section E)	\$
Other liabilities (indicate)	\$
	\$
	\$
TOTAL LIABILITIES (2)	\$
NET WORTH (3)(= (1) - (2))	\$

ANNUAL INCOME

Salary	\$
Bonus & commissions	\$
Dividends & interests	\$
Real estate income	\$
Other income (indicate)	\$
	\$
TOTAL	\$

CONTINGENT LIABILITIES

As endorser or guarantor	\$
On leases or contracts	\$
Legal claims	\$
Provisions for income tax	\$
Other liabilities	\$
	\$
TOTAL	\$

REFERENCES (OTHER THAN FAMILY)

	NAME/ADDRESS	KNOWN SINCE	EMAIL	TELEPHONE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED LOCATION(S)

First choice

Brand Area

Second choice

Brand Area

Third choice

Brand Area

Are you willing to relocate? Yes No

The undersigned hereby certifies that the information given in the foregoing statement is true and accurate, and that no unfavorable information known to the undersigned or called for herein has been omitted. Bussin Canada Inc. is hereby authorized to obtain such information as it may require concerning said statement, which at all times shall remain the property of Bussin Canada Inc., and to procure consumer reports from credit reporting agencies and obtain personal and credit information from persons other than consumer reporting agencies. I hereby waive any responsibility from any person giving or receiving such information. It is understood that all information provided in this form and obtained pertaining to the same will be treated confidentially by Bussin Canada Inc.

Date

Name Signature

CONSENT FORM FOR FRANCHISE APPLICANT

Name (First, Last)

- I acknowledge that Bussin Canada Inc. will collect, store, and use my personal information for reviewing and evaluating my application to obtain or extend a "Bussin Burger" franchise. The evaluation may include credit and asset verification, criminal record checks, and verification of financial, educational, and employment history. I understand that Bussin Canada Inc. may contact third parties and hire service providers for additional information.
- If my application is not retained, all collected personal information will be destroyed. If accepted, Bussin Canada Inc. will use the information for training, onboarding, contract preparation, payment processing, credit verification, and record-keeping during our business relationship. The information will be accessible to specific Bussin Canada Inc. teams. I acknowledge occasional updates may be required, and my information may be disclosed to prospective franchisees as per legal requirements.
- I have the right to access and correct my personal information, and I can withdraw consent, adhering to legal requirements.
- I consent to Bussin Canada Inc. collecting, storing, and using my personal information as described.

Date: _____ 20 ____

Signature of Franchise Applicant