



## CONFIDENTIAL FRANCHISE APPLICATION FORM

The purpose of this form is to provide the necessary information to enable the management team to determine whether the applicant meets the established criteria for becoming a franchisee. The information provided in this form will be treated in a strictly confidential manner. Signature and submission by the applicant of this franchise application form and analysis by the L2 Lounge Group inc. of the information provided and the resulting audit reports do not constitute an undertaking or promise to contract from the applicant or the L2 Lounge Group inc.

### CONFIDENTIAL (PLEASE WRITE ANSWERS TO ALL QUESTIONS CLEARLY)

**NAME OF APPLICANT** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
 City Province Postal Code

**Social Insurance Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

( ) - ( ) -  
 Home Cell

**Email** \_\_\_\_\_

**Does your spouse work?** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Location** \_\_\_\_\_

**Number of dependents** \_\_\_\_\_

**Do you own your own property?**  Yes  No

Do you suffer from any physical disability or limitation that prevents you from performing certain types of work?  Yes  No

If yes, please specify: \_\_\_\_\_

### WRITTEN AND SPOKEN LANGUAGES

<b>French</b>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Little	<input type="checkbox"/>	None	<input type="checkbox"/>
<b>English</b>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Little	<input type="checkbox"/>	None	<input type="checkbox"/>
<b>Other (Specify)</b>	Very Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Little	<input type="checkbox"/>	None	<input type="checkbox"/>

**GENERAL INFORMATION**

**How were you referred to our company?**

Owner-autonomous	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Specialized magazine	<input type="checkbox"/>
Radio	<input type="checkbox"/>	TV	<input type="checkbox"/>	Web	<input type="checkbox"/>
Trade fair	<input type="checkbox"/>	Publish report	<input type="checkbox"/>	Others: (specify)	_____

Date of your availability: \_\_\_\_\_

Will you operate your business alone or with business partners?  Alone  With partners

**NB: Each partner should complete a Franchise Application Form separately**

Indicate your preference as to the choice of:

Province \_\_\_\_\_ Municipality \_\_\_\_\_ District: (Specify) \_\_\_\_\_

**EDUCATION**

**Circle the last year completed:**

Elementary 1 2 3 4 5 Secondary 1 2 3 4 5 Collegiate 1 2 3 University 1 2 3 4 5 6 7 8

**NAMES AND ADDRESSES OF EDUCATIONAL INSTITUTIONS ATTENDED**

Secondary: \_\_\_\_\_

Certificate or diploma obtained (indicate the major concentration): \_\_\_\_\_

Collegiate: \_\_\_\_\_

Certificate or diploma obtained (indicate the major concentration): \_\_\_\_\_

University: \_\_\_\_\_

Certificate or diploma obtained (indicate the major concentration): \_\_\_\_\_

Other courses (Specify) \_\_\_\_\_

**LIST ALL YOUR JOBS (from the most recent, all your current and previous jobs)**

**Name of employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City	Province	Postal Code
------	----------	-------------

**Business type:** \_\_\_\_\_

**Name and position of the immediate supervisor:** \_\_\_\_\_

**Your Job Description:** \_\_\_\_\_

**Weekly salary** Beginning: \_\_\_\_\_ End: \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Name of employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City	Province	Postal Code
------	----------	-------------

**Business type:** \_\_\_\_\_

**Name and position of the immediate supervisor:** \_\_\_\_\_

**Your Job Description:** \_\_\_\_\_

**Weekly salary** Beginning: \_\_\_\_\_ End: \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Name of employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City	Province	Postal Code
------	----------	-------------

**Business type:** \_\_\_\_\_

**Name and position of the immediate supervisor:** \_\_\_\_\_

**Your Job Description:** \_\_\_\_\_

**Weekly salary** Beginning: \_\_\_\_\_ End: \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**LIST ALL YOUR JOBS**  
(from the most recent, all your current and previous jobs))

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ City

Business type: \_\_\_\_\_

Name and position of the immediate supervisor: \_\_\_\_\_

Your Job Description: \_\_\_\_\_

Weekly salary Beginning: \_\_\_\_\_ Beginning: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**SUPPLEMENTARY WORK INFORMATION**

Have you had a bonded contract? If so, for which position(s)? \_\_\_\_\_

Which position did you like the most? \_\_\_\_\_

Why? \_\_\_\_\_

Which did you like the least? \_\_\_\_\_

Why? \_\_\_\_\_

What hobbies do you enjoy outside of working hours? \_\_\_\_\_

Give a list of professional, technical or business associations that you belong to: \_\_\_\_\_

**MISCELLANEOUS INFORMATION (criminal record, bankruptcy, etc.)**

Have you ever made a consumer proposal to your creditors?

Yes

No

If yes, please specify: \_\_\_\_\_

Have you ever had a personal bankruptcy?

Yes

No

If yes, please specify: \_\_\_\_\_

Have you ever been a director of a corporation that sold its property?

Yes

No

If yes, please specify: \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic offenses) or are you currently involved in a criminal prosecution?

Yes

No

If yes, please specify: \_\_\_\_\_

**PERSONAL REFERENCES (other than former employers or parents)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City

Province

Postal Code

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

( ) -

Office

( ) -

Cell

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ville

Province

Code postal

Occupation : \_\_\_\_\_

Phone Number: \_\_\_\_\_

( ) -

Office

( ) -

Cell

**PERSONAL BALANCE SHEET**

**ASSETS**

**SHORT TERM**

Cash	_____	\$
Negotiable title	_____	
Accounts receivable	_____	
Receivables	_____	
Other (specify)	_____	
	<b>Subtotal</b>	_____ \$

**INVESTMENTS**

Shares	_____	
Bonds	_____	
Cash surrender value of life insurance	_____	
Investments (other)	_____	
	<b>Subtotal</b>	_____ \$

**FIXED ASSETS**

Land	_____	
Properties	_____	
Principal residence	_____	
Second home	_____	
Rolling Stock	_____	
Works of art and collections	_____	
Other (specify)	_____	
	<b>Subtotal</b>	_____ \$

**OTHER**

Specify	_____	
	<b>Subtotal</b>	_____ \$

**TOTAL ASSETS**

_____	\$
_____	

**PERSONAL BALANCE SHEET (CONT'D)**

**LIABILITIES**

**SHORT TERM**

Bank loans	_____	\$
Creditors	_____	
Income taxes payable	_____	
Short-term payments of long-term debts	_____	
Other (Specify) _____	_____	
	<b>Subtotal</b>	\$

**LONG TERM DEBT**

Mortgage - Property	_____	
Mortgage - Residence	_____	
Mortgage - Second home	_____	
Lien on rolling stock	_____	
Other - Specify _____	_____	
	<b>Subtotal</b>	\$

**EQUITY**

Net Value	_____	\$
	<b>Subtotal</b>	_____

**TOTAL LIABILITY AND EQUITY** \_\_\_\_\_ **\$**

The undersigned acknowledges and consents that an investigation may be conducted, if necessary, to verify the personal information contained in this form and that other personal information may be collected regarding the financial situation of the undersigned. The undersigned authorizes former employers, educational institutions, financial institutions and references to disclose to L2 Lounge Group Inc. any personal information they have about them. The undersigned waives the right to legal action, releases and holds L2 Group Lounge inc. harmless against any claim or liability whatsoever, related in any way to the investigation in question. The undersigned also releases and safeguards any person, firm or corporation that submits personal information to them from any claim or liability whatsoever, related in any way to such disclosure by them.

Moreover, the undersigned acknowledges that L2 Lounge Group inc. has established several criteria in the choice of its franchisees and, consequently, L2 Lounge Group inc. reserves the right to reject an application without disclosing the reasons for such rejection.

The undersigned hereby certifies that this form has been fully and accurately completed, to the best of the knowledge of the undersigned, and that the information is true. In addition, the undersigned acknowledges that any false information or substantial omission will result in the rejection of the application and the cancellation of any agreement entered into between the undersigned and L2 Lounge Group inc. if such discovery is made subsequent to the acceptance of the application.

Signature of the candidate \_\_\_\_\_

Date of request : \_\_\_\_\_

**PLEASE**

1. Make sure this form has been fully completed;
2. Save the form in your personal file folders (on your computer);
3. Send a signed version to L2 Lounge Group inc. at: info@l2bubbletea.com or by mail at:  
2219 rue Guénette, Saint-Laurent QC, H4R 2E9.

**CANDIDATE MUST NOT WRITE BELOW**

(For the exclusive use of the selection board)

Tests	Date	Gross Ranking	Rate	Observations and interpretation

Job reference check	Date	Results of the reference check
Name of employer		
Name of employer		
Name of employer		

Credit reference check	Contact person	Results of the reference check
Credit Bureau - Equifax Canada		
Credit Bureau - TransUnion		

Check of other references	Date	Results of the reference check
Name of the person		
Name of the person		

NOTES