



# Franchisee Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Why does Equi-Salt interest you? \_\_\_\_\_

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

Do you currently own a business? YES/NO

When would you like to start your business? \_\_\_\_\_

Where would you like to locate your business? \_\_\_\_\_

What is your employment status?  EMPLOYED  SELF EMPLOYED  UNEMPLOYED  RETIRED

Company / Employer	Province / State	Nature of Business	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Highest Level of Education Completed: \_\_\_\_\_

School Attended	City	State / Province	Country	Year Completed	Program / Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Applicant declares that all the information provided herein is to the best of their knowledge true, complete and correct.**

*Thank you for taking the time to fill out this form. Equi-Salt will only use this form to help evaluate your qualifications as a prospective franchisee. This form places no obligation on either party. Upon receipt, Equi-Salt will send you more detailed information on becoming an owner.*

ALL INFORMATION IS FOR INTERNAL USE AND WILL BE HELD IN COMPLETE CONFIDENCE



# Franchisee Application

Have you ever filed for Bankruptcy? YES / NO If yes, please identify discharge date: \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of an indictable or hybrid offense? YES / NO

Are you or any one in your immediate family currently under any form of non-competition agreement that limits your right to operate any business? YES / NO

If yes, list name of company or employer and relationship:

Company / Employer: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company / Employer \_\_\_\_\_ Relationship: \_\_\_\_\_

Will you have Partners? YES / NO

If yes, please fill out the following sections. Otherwise skip this section. Please note that we require partners to fill out their own franchisee application in addition to this section.

Partners Name	% of Ownership	Active / Silent
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Assets**  
Cash: \$ \_\_\_\_\_  
Investments / RRSPs: \$ \_\_\_\_\_  
Automobiles: \$ \_\_\_\_\_  
Real Estate Market Value: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total Assets: \$ \_\_\_\_\_

**Liabilities**  
Annual Household Expenses: \$ \_\_\_\_\_  
Credit Cards: \$ \_\_\_\_\_  
Loans Payable: \$ \_\_\_\_\_  
Real Estate Mortgages: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total Liabilities: \$ \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:  
info@equi-salt.com**