## Franchise Questionnaire

Personal Information		
Name:	Home Phone:	
Address:	Business Phone:	
City:	Province:	Postal Code:
Email Address	Drivers License #:	
Spouse's Name:	Number of Dependants:	
Have you ever been convicted	of a criminal offence	? Yes No
Have you or any company you Yes No	were associated with	entered receivership or bankruptcy?
Explain:		
Employment Experience		
Your Occupation:	Dates:	Employer:
Responsibilities:		
Previous Occupation:	Dates:	Employer:
Responsibilities:		
Previous Occupation:	Dates:	Employer
Responsibilities:		
Your Spouses Occupation:	Dates:	Employer
Responsibilities:		
Education		
Level of Public Education Com	oleted:	
Level of Post Secondary Educa	ation Completed:	
Other Training Certificates or C	courses:	



**Self Employment Review** Will you devote yourself to the business full time? Yes No If no, how will the business operate successfully? Are you considering a partner? Yes\_\_\_\_ No\_\_\_\_ Who? What other franchise or business opportunities have you examined? 1/ 2/ 3/ Are you willing to relocate to open your new business? Yes\_\_\_ No\_\_\_\_ What geographic areas are you interested in? First Choice: Second Choice: Have you ever been Self Employed? If yes, please outline business: What is the minimum income you require during the first year of operation? \$ During the second year? \$ During the third year? \$ What skills and interests can you contribute to a Ruffin's Pet Centre franchise? Please describe any pet related interests: The Franchise applicant hereby represents and warrants that all of the information, disclosed in this Franchise Application is true and correct to the best of his/her knowledge and further covenants to notify the Franchisor in the event of any change in the information furnished by the applicant. Dated this \_\_\_\_\_, 20 \_\_\_ Signature \_\_\_\_\_