

Planet Sweet Factory Ltd.  
#130-4400 Hazelbridge Way, Richmond, B.C. V6X 3R8  
Tel: 604-295-2320 Fax: 604-270-9963 Email: info@planetsweetfactory.com

## BEARD PAPA'S – CANADIAN FRANCHISE PROGRAM REQUEST FOR CONSIDERATION

The purpose of this request for consideration is for general information in evaluating your qualifications to be considered for the Beard Papa's Canadian Franchise Program. This is not an application for our franchise program. Should you appear to qualify and a mutual interest develops, we will request additional information.

**\*\*Please complete and fax back to 604-270-9963 for immediate consideration\*\***

### Applicant's Information

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Years at this Residence: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_  
Business Telephone #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

### Business & Relevant Experience

Please list company name, type of business, position held, and your most significant accomplishments.

Have you ever owned a business? If yes, please explain.

Other Business Experience (e.g. Officer, Director, Partner):

**Preliminary Financial Disclosure**

Please list amounts in Canadian Dollars excluding home, personal automobile, personal property.

Assets:           \$ \_\_\_\_\_  
Liabilities:       \$ \_\_\_\_\_  
Net Worth:       \$ \_\_\_\_\_

Unencumbered Liquid Assets Available:    \$ \_\_\_\_\_

**Business and Management Goals**

Would you devote full time to this venture?

Would your spouse be active in the franchise?

Would you have any partners?

Why do you believe that you can successfully operate a Beard Papa's franchise?

Please list any other information that you would like us to consider in evaluating a partnership with you.

Territory or Location:

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Number of Units Desired:

Year 1 \_\_\_\_\_      Year 2 \_\_\_\_\_      Year 3 \_\_\_\_\_  
Year 4 \_\_\_\_\_      Year 5 \_\_\_\_\_

Desired Opening Date of First Unit: \_\_\_\_\_

I certify that the information furnished in this Beard Papa's Request for Consideration form is true and correct. I authorize Planet Sweet Factory Ltd. to make any additional credit or character review in which it deems necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_