



BOSTON PIZZA INTERNATIONAL INC.
 100 – 10760 Shellbridge Way
 Richmond, BC
 Canada V6X 3H1
 Business: (604) 270-1108
 Fax: (604) 270-4168

Date: _____

FRANCHISE APPLICATION

The following information is the basis for my franchise application(s): (attach additional information on separate sheets where space is inadequate).

(PLEASE PRINT)

Applicant's Name _____

Address _____

_____ Last First Middle

_____ Street City Prov./State Postal Code/Zip How Long?

Age _____ Marital Status _____ Spouse's Name _____

Home Phone _____ Fax _____ E-mail _____

Cell _____ Social Insurance Number _____ Birth date _____

Employer _____ Type of Business _____

Person to Contact _____

Business Address _____ Business Telephone _____

Position & Duties _____

Spouse's Occupation _____ How Long? _____ No. of Dependents _____

Best Time to Phone: _____ Business Home

Home: Rent Own How Long? _____

Level of Education: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 _____

(Circle last year completed)

Name of College or University _____ Degree _____

Are You a Citizen of Canada? Yes No If No, What Country? _____

PREVIOUS BUSINESS EXPERIENCE (List prior occupation or business owned)

_____ Firm Name & Contact _____ City _____ Position or Type of Business _____ Dates _____

1. _____

2. _____

3. _____

BANK OR OTHER CREDIT REFERENCES

_____ Name _____ Address _____ Type of Credit _____ Max Amount _____

1. _____

2. _____

3. _____

Who recommended Boston Pizza to you _____ When will you be available? _____

Will you have business partners?* Yes No Name of Partner(s) _____

To what extent will your partner(s) be involved in the day-to-day operation of the restaurant? _____

What percent of the equity of the enterprise will be made available by your partner(s)? _____

IMPORTANT: Returning this form does not obligate Boston Pizza International Inc. management or the applicant in any way or manner.

* Franchise application required for each partner(s).

PERSONAL FINANCIAL STATEMENT

I, _____ make the following statement of all my assets and liabilities
Applicant

as of the ____ day of _____, 20____
day month year

Below please mark all assets held in Joint Tenancy (eg. with spouse or relative) with a *

ASSETS	
Cash on hand and in Banks (Schedule 1)	
Marketable Securities (not including R.R.S.P) -Present market value (Schedule 2)	
Accounts and loans receivable (Schedule 3)	
Real Estate - Present market value (Schedule 4)	
Life Insurance – Cash surrender value (Schedule 5)	
Automobiles and other Personal Property – Market value	
R.R.S.P.	
Other assets. If a business, provide financial statements (itemize)	
Total Assets	

LIABILITIES	
Bank Loans payable (Schedule 1)	
Credit cards payable	
Accounts (itemize) (eg. Finance co., auto, etc.)	
Mortgages payable (Schedule 4)	
Loans against Life Insurance (Schedule 5)	
Income Tax Payable	
Other Liabilities (itemize)	
Total Liabilities	

Total Net Worth (Total Assets – Total Liabilities)	
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*Below please mark all assets held in Joint Tenancy (ie. With spouse or relative) with an *

SOURCE OF FUNDS TO BE INVESTED (Net of income tax liabilities on disposition of assets if applicable)	
Source (eg. Funds on hand, sale/mortgage of assets, etc.)	

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (a list of all my bank accounts, including savings and loans).

Name and Location of Bank	Cash Balance	Outstanding Loans	Maturity of Loan	How Endorsed, Guaranteed, or Secured

No. 2 Marketable Securities (not including R.R.S.P.)

Description of Security	Registered in Name of	Present Market Value	Cost	If Pledges To Whom

No. 3 Accounts and Notes Receivable (a list of the largest amounts owing to me).

Name and Address of Debtor	Amount Owing	Age of Debts	Description of Nature of Debt	Description of Security Held	Date Payment Expected

No. 4 Real Estate. The legal and equitable title to all the real estate listed in this schedule is solely in the name of the Applicant unless otherwise indicated.

Location	Description of Property (e.g. house, farm, etc.)	Cost	Year Purchased	Present Market Value	Mortgage	
					Amounts	Due Date

No. 5 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy (Whole Life Term, etc.)	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

Do you have any other (personal) Liability Insurance? _____

Source of Annual Income	
Salary	
Bonus and Commissions	
Interest and Dividends	
Real Estate Income	
Other Income (itemize)	
	TOTAL

The operation of a Boston Pizza Franchise is physically demanding. Are you prepared and, more importantly, able to work long hours and withstand the pressures of the job? _____

Have you ever declared personal bankruptcy or made a voluntary assignment of your assets? _____

Have you ever been convicted of a criminal offence? _____

Are you currently a defendant in any suits or legal actions? _____

How large an investment are you prepared to make in a Boston Pizza Restaurant(s)? _____

For what reason are you considering a Boston Pizza Investment? _____

1. To operate yourself? _____ If yes, as a full time endeavour? _____

2. To be operated by others? _____

Have you owned your own business? Yes No

Do you now, or have you ever owned or had an interest in a restaurant operation? Yes No

If yes, give details _____

Are you the Guarantor on any outstanding loans? (including those to relatives or friends) _____

If yes, give details and amount:

_____ \$ _____

_____ \$ _____

Location:

Are you willing to relocate to establish a Boston Pizza Restaurant? _____

Location preferences: 1. _____ 2. _____ 3. _____

Are you willing to work as a trainee in a Boston Pizza Restaurant for a period of up to two (2) months? _____

Why are you interested in a Boston Pizza Franchise? _____

Personal References:

1. _____

2. _____

I hereby certify that all the information inserted herein has been carefully read and is true and correct in its entirety. Any misrepresentation will be just cause for the Franchisor to terminate any Franchise Agreement entered into with the applicant, or any entity in which the Applicant has an interest, at the sole discretion of the Franchisor

I understand that it may be necessary for the Franchisor to release any or all of the information contained herein to third parties in connection with obtaining a location, financing, licenses and permits in furtherance of the development of my franchise, and I hereby consent to the Franchisor's release of said information to those third parties deemed necessary by the Franchisor.

I hereby give my consent to the Franchisor to verify any or all of the information inserted herein and to contact the named references as deemed necessary by the Franchisor.

SIGNED _____

DATE _____