



## FRANCHISE APPLICATION FORM

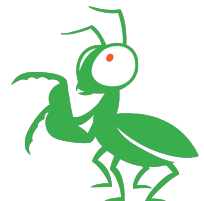
This information on this form is the basis for a franchise application and will be kept confidential. This form is not to be construed as an offer of a franchise, a commitment or a binding agreement on either party.

Please fill out this form and send it back to us at:

[ryan@shrubandtreecare.com](mailto:ryan@shrubandtreecare.com)

Or contact our franchising department:

T. +1 (514) 384-3872 ext. 280



**1. PERSONAL DATE** (Please complete the entire application form in order to be considered)

DATE OF APPLICATION  DATE OF BIRTH

FIRST NAME  SURNAME

SOCIAL INSURANCE/SECURITY NUMBER

UNIT & STREET ADDRESS

CITY  PROVINCE/STATE  POSTAL/ZIP CODE

HOME PHONE  BEST NUMBER TO CONTACT YOU: HOME  WORK  CELL

WORK PHONE  FAX (IF ANY)

CELL PHONE  EMAIL

DO YOU RENT OR OWN YOUR HOME? RENT  OWN  HOW MANY YEARS AT THIS LOCATIONS?

MARITAL STATUS  WILL YOUR SPONSE BE ACTIVE IN THE BUSINESS? YES  NO

SPONSE/PARTNER'S NAME  SPONSE/PARTNER'S OCCUPATION

**2. PERSONAL HISTORY**

WHAT IS YOUR CITIZENSHIP? CANADIAN  AMERICAN  OTHER (PLEASE SPECIFY)

IF "OTHER" WHAT IS YOUR COUNTRY OF PERMANENT RESIDENCE

IF "OTHER" WHAT IS YOUR CURRENT IMMIGRATION STATUS

HAVE YOU EVER OWNED YOUR OWN BUSINESS BEFORE? YES  NO

DETAILS

ARE YOU CURRENTLY A PARTY TO ANY PENDING LEGAL ACTION? YES  NO

IF "YES" PLEASE GIVE DETAILS

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE UNDER THE LAWS OF CANADA OR THE USA FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES  NO  IF YES PLEASE GIVE DETAILS

HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? YES  NO  IF YES PLEASE GIVE DATE & DETAILS

### 3. EMPLOYMENT HISTORY (Start with most recent employment and work backwards.)

COMPANY  TYPE OF BUSINESS   
ADDRESS   
START DATE  END DATE   
POSITION  ANNUAL SALARY   
SUPERVISOR  PHONE   
DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

---

COMPANY  TYPE OF BUSINESS   
ADDRESS   
START DATE  END DATE   
POSITION  ANNUAL SALARY   
SUPERVISOR  PHONE   
DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

---

COMPANY  TYPE OF BUSINESS   
ADDRESS   
START DATE  END DATE   
POSITION  ANNUAL SALARY   
SUPERVISOR  PHONE   
DUTIES, RESPONSABILITIES, NUMBER OF EMPLOYEES SUPERVISED ETC

MAY WE CONTACT YOUR PAST EMPLOYERS? YES  NO

### 4. EDUCATION HISTORY (Please state the last year of education you completed)

HIGH SCHOOL 9  10  11  12  13  COLLEGE/UNIVERSITY 1  2  3  4  5+   
DEGREE OR DIPLOMA COMPLETED   
TRAINING IN SALES, MANAGEMENT OR RETAIL   
OTHER

## 5. APPLICANT PROFILE

WHAT APPEALS TO YOU ABOUT FRANCHISING?

HOW WOULD YOU DESCRIBE THE ROLES OF THE FRANCHISOR (*Schneider*) AND THE FRANCHISEE?

HOW DID YOU BECOME INTERESTED IN A *Schneider Shrub and Tree Care Franchise* - AND WHY?

HAVE YOU EVER OWNED OR HAD AN INTEREST IN ANY OTHER OPERATION WITHIN THE GREEN

INDUSTRY? YES  NO

IF YES, PLEASE GIVE DETAILS

HOW MANY HOURS DO YOU TYPICALLY WORK PER WEEK? UNDER 35  35  40  50  60  OVER 60

HOW MANY HOURS WOULD YOU LIKE TO WORK PER WEEK? UNDER 35  35  40  50  60  OVER 60

WHO WOULD BE RESPONSIBLE FOR THE FRANCHISE'S DAY-TO-DAY OPERATION?

IN YOUR OPINION, WHAT ARE THE CHARACTERISTICS OF A GOOD BUSINESS?

IF YOU WERE AWARDED A FRANCHISE, WHAT WOULD YOU DO TO MAKE THE BUSINESS SUCCESSFUL?

WHAT ARE YOUR GOALS/OBJECTIVES FOR THE NEXT 5 YEARS?

## 6. REFERENCES (Excluding relatives)

PLEASE FILL NAME AND RELATIONSHIP, CITY, PROVINCE/STATE & PHONE

1.

2.

3.

## 7. BUSINESS INFORMATION (Note: separate applications are required for each partner.)

WILL YOU HAVE A BUSINESS PARTNER OR PARTNERS? YES  NO

IF YES, YOUR BUSINESS PARTNER(S):

NAME  FULL-TIME  PART-TIME  INVESTMENT ONLY

NAME  FULL-TIME  PART-TIME  INVESTMENT ONLY

NAME  FULL-TIME  PART-TIME  INVESTMENT ONLY

WHAT OTHER BUSINESS(ES) DO YOU HAVE AN INTEREST IN?

HOW DO YOU PLAN TO FINANCE THIS BUSINESS VENTURE? CASH  LOAN

IF LOAN, WHAT COLLATERAL WILL YOU MAKE AVAILABLE?

IF QUALIFIED, WHEN WOULD YOU BE READY TO INVEST IN YOUR FRANCHISE?

WILL YOU REQUIRE ASSISTANCE IN OBTAINING FINANCING? YES  NO

## 8. LOCATION PREFERENCE

FIRST CHOICE

SECOND CHOICE

OTHER(S)

WOULD YOU BE WILLING TO RELOCATE? YES  NO

IF YES, WHERE?

## 9. FINANCIAL STATEMENT (Mandatory information)

PERSONAL FINANCIAL INFORMATION AS OF TODAY (ENTER TODAY'S DATE)

**ASSETS:**

**LIABILITIES:**

CASH ON HAND	<input type="text"/>	NOTES PAYABLE	<input type="text"/>
SECURITIES (STOCKS, BONDS, RRSPs, IRAs)	<input type="text"/>	LOANS AGAINST INSURANCE	<input type="text"/>
ACCOUNTS AND LOANS (RECEIVABLES)	<input type="text"/>	LOANS	<input type="text"/>
HOME (MARKET VALUE)	<input type="text"/>	MORTGAGES (BALANCE OWING)	<input type="text"/>
OTHER REAL ESTATE	<input type="text"/>	CREDIT CARDS	<input type="text"/>
AUTOMOBILES (MARKET VALUE)	<input type="text"/>	OTHER LIABILITIES (PLEASE LIST)	<input type="text"/>
OTHER ASSETS (PLEASE LISTE)	<input type="text"/>		
TOTAL ASSETS	<input type="text"/>	TOTAL LIABILITIES	<input type="text"/>

NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES = )

## 10. PLEASE READ CAREFULLY

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT.

I HEREBY AUTHORIZE SCHNEIDER SHRUB AND TREE CARE, OR ITS AGENT, TO VERIFY ANY AND ALL DATA SUBMITTED, AND TO MAKE ANY ADDITIONAL CREDIT AND FINANCIAL INVESTIGATION THAT IT DEEMS NECESSARY OR ADVISABLE.

I HEREBY AUTHORIZE SCHNEIDER SHRUB AND TREE CARE, OR ITS AGENT, TO OBTAIN BACKGROUND CHARACTER INFORMATION REGARDING ME WHICH IT DEEMS NECESSARY OR ADVISABLE.

I UNDERSTAND THAT ANY FALSE INFORMATION OR CONSEQUENTIAL OMISSION CONTAINED IN THIS APPLICATION WOULD BE CAUSE FOR IMMEDIATE TERMINATION OF ANY SUBSEQUENT AGREEMENT REACHED BETWEEN THE SCHNEIDER SHRUB AND TREE CARE AND MYSELF.

THE UNDERSIGNED CERTIFY/IES THAT THE INFORMATION CONTAINED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT. (IF YOUR SPOUSE IS APPLYING AS A PROSPECTIVE CO-FRANCHISEE, HIS/HER SIGNATURE IS ALSO REQUIRED.)

DATE

SIGNATURE

SIGNATURE (SPOUSE)