

Please either mail or email your completed application to:

Revivify Franchising Inc.
190 Colonnade Rd, Unit 18
Nepean, Ontario K2K 7J5
franchising@revivifypainting.ca



FRANCHISE APPLICATION FORM

Any information detailed on this form will be treated in a strictly confidential manner. Revivify Franchising Inc. utilizes the information provided on this form for the sole purpose of evaluating prospective franchisees, and will not sell or provide this information to any other party without the written consent of the applicant. If the applicant is not successful in purchasing a franchise immediately, the Application form will be kept on file for other opportunities, up to a maximum period of one year from the date shown below. If you do not wish this application to be kept on file, please advise us when this form is submitted. Please note that although every possible precaution is taken to protect the confidentiality of this application form, Revivify Painting, Inc. and subsidiary companies cannot be held responsible in the event that the information contained is obtained by a third party. Completion of this form in no way constitutes a commitment to Revivify Painting or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, he/she should complete a separate application form and hand it in along with yours. Thank you again for your interest in Revivify Painting.

Personal information

Date _____

Name _____ Business Phone () _____
Address _____ Home Phone () _____
City _____ Prov/Country _____ Postal Code _____
Own / Rent (Please Circle) – How long at the above address _____
Previous Address _____
Date of Birth _____ Citizenship _____
Social Insurance No. _____ Marital Status _____
Spouse or Partner's Name _____
Number of Children & ages _____
Other Dependants _____

Business Experience

Present Occupation:

Position and Salary _____
Company _____
Supervisor _____
Address & Phone No. _____
Describe duties, number of employees supervised and responsibilities

Previous Experience:

1. Company _____ From _____ To _____

Phone No. _____ Supervisor _____

Describe duties, number of employees supervised and responsibilities _____

2. Company _____ From _____ To _____

Phone No. _____ Supervisor _____

Describe duties, number of employees supervised and responsibilities _____

3. Company _____ From _____ To _____

Phone No. _____ Supervisor _____

Describe duties, number of employees supervised and responsibilities _____

Education

Name of last educational institutions attended:

_____ Degree: _____

_____ Degree: _____

Describe any training in sales, management, etc. _____

Personal Financial information

Personal Financial Information as of (date) _____

Credit Cards Held _____

Income

Personal Annual Income (\$)

Salary _____

Bonus & Commissions _____

Dividends _____

Real Estate Income _____

Other Income _____

Total _____

Assets (\$)	Liabilities (\$)
Cash on hand unrestricted in banks _____	Notes Payable _____
Stocks, Bonds & Securities _____	Credit Cards _____
Accts Notes & Loans Receivable _____	Unpaid Income Tax _____
Real Estate -Market Value _____	Mortgage on Real Estate _____
Mortgages/Rent Receivable _____	Lines of Credit _____
Cash Value - Life Insurance _____	Other Liabilities _____
R.R.S.P. Holdings _____	Car Loans _____
Automobiles - Market Value _____	_____
Other Assets _____	Total Liabilities _____
Total Assets _____	Net Worth (Assets - Liabilities) _____

1. How much unencumbered cash do you have available for investment? _____

2. Which specific assets do you intend to use to meet the cash requirement?

- a) _____ b) _____
 c) _____ d) _____

3. How much capital, if any, will you have to borrow? _____

4. Will you require assistance to obtain financing? _____

5. Have you ever declared Bankruptcy? (If yes, explain) _____

References

Business

1. Name: _____ Position: _____ Employer _____
 Address: _____ Telephone: _____

2. Name: _____ Position: _____ Employer _____
 Address: _____ Telephone: _____

Personal (not relatives)

1. Name: _____ Relationship _____
 Address: _____ Telephone: _____

2. Name: _____ Relationship _____
 Address: _____ Telephone: _____

Bank and Credit

1. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

2. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

3. Company: _____ Name of Contact _____

Address: _____ Telephone: _____

Additional Information

1. When would you plan to open the business? _____

2. Please list your preference for locations a) _____ b) _____

c) _____ Would you be willing to relocate? _____

3. a) If you were awarded a Revivify Painting franchise, how many hours per week would you devote to the business?

	Applicant	Co-Applicant
(i) Zero (0) Hours/week, Investment Only	_____	_____
(ii) Under 35 hours a week/Part-time Participation	_____	_____
(iii) Over 35 hours per week/Full-time Participation	_____	_____

b) How would your time be spent in the business?

Applicant:

Co-Applicant:

5. a) Will your spouse be active in the business? _____

b) If yes, In what capacity? _____

6. Have you ever been self-employed? _____

7. Do you understand that the success or failure of your business is primarily your responsibility? Please comment:

8. a) Where did you first learn about Revivify Painting? _____

b) What do you like about our concept? _____

c) Have you tried our service? Yes _____ No _____

d) If yes, how would you describe our service? _____

e) How long have you used Revivify painting Services? _____

9.a) What does "franchising" mean to you? _____

b) In your opinion, how would you describe the roles of the Franchisor and Franchisee?

10. What are your goals and objectives for the next 5 years? _____

11. There are some basic ingredients to every successful business. If you were awarded a franchise, what would you do to make it successful (please describe in detail)? _____

12. Have you discussed this opportunity with any of our existing franchisees? If yes, which location(s)?

13. Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or are you currently involved in a criminal proceeding? _____

14. What are your expectations of the franchise _____

15. What would be your revenue goal for the franchise? _____

16. What would you like your personal income to be after all expenses are paid?
_____ -

Additional Information: _____

If additional space is required, please do not hesitate to attach extra sheets of paper.

The undersigned hereby certify that the information given in the foregoing statement is true and that no unfavorable information known to me (us) or called for herein has been omitted. Revivify Franchising Inc. is hereby authorized to obtain such information as it may require concerning said statement which at all times shall remain property of Revivify Franchising Inc. For the purpose of determining my eligibility for a Franchise, you are authorized to procure consumer reports from credit reporting agencies and obtain personal and credit information from persons or consumer reporting agencies. It is understood that all information provided in this application and obtained pertaining to the same will be treated confidentially by Revivify Franchising Inc.

Applicant's Signature _____ Date _____

Co-applicant's Signature _____ Date _____