



Health Care Services
Services de Santé GEM



GEM Franchising (Canada) Ltd.

Franchise Application

Thank you for your inquiry about a GEM Health Care Franchise Opportunities. Completion of this Confidential Questionnaire will tell us about you. It is your first step to becoming a Franchisee of GEM Franchising (Canada) Ltd.

If your spouse or significant other is going to be a part owner and/or involved in running the business please fill in the applicable information.

Submitting this form does not obligate you in any way. All the information provided will be held in strictest confidence.

Personal Data

Candidate's Name: _____ Initial: _____ Date of Birth: _____ SIN: _____

Spouse's Name: _____ Initial: _____ Date of Birth: _____ SIN: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Marital Status: _____ Number of Children: _____ Their ages: _____

Home Phone: _____ Business Phone: _____ Fax: _____ Email: _____

Our/My current residence is Owned _____ Rented _____ How long at this address? _____

Business and Employment History

Candidate's Current Employment Status: Full Time:___ Part Time:___ Casual: ___ Self-employed:___ Unemployed: ___

Employer/Business Name: _____ How long? _____

Position Held: _____ Annual Compensation: _____

Major Service or Product Provided: _____

Employer/Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Number: _____ Fax: _____ Email: _____

Candidate's Previous Employment – please go back 10 years

Date	Month/Year	to	Month/Year	Occupation	Employer	Address
From		to				

From		to				
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From		to				
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From		to				
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Spouse's Current Employment Status: Full Time:___ Part Time:___ Casual:___ Self-employed:___ Unemployed: ___

Employer/Business Name: _____ How long? _____

Position Held: _____ Annual Compensation: _____

Major Service or Product Provided: _____

Employer/Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Number: _____ Fax: _____ Email: _____

Spouse's Previous Employment – please go back 10 years

Date	Month/Year	to	Month/Year	Occupation	Employer	Address
From		to				

From		to				
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From		to				
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From		to				
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Education and Experience

Your education and special skills (a personal resume is preferable):

(Please indicate last year completed and if you graduated)

High School: 9 10 11 12 OAC College: 1 2 3 University: 1 2 3 4 Masters: ____ PhD: ____ Graduate ____

Name of last school attended: _____

Other course(s) or training: _____

Other: _____

Your Spouse's education and special skills (a personal resume is preferable):

Personal Information

1) Have you or your spouse ever owned your own business? Yes: No:

2) If yes, please describe the business.

3) Have you or our spouse ever failed in business, filed bankruptcy or compromised with creditors? If yes, please give details and include any remaining liabilities:

4) Are there any lawsuits against you or our spouse? If yes, explain:

5) Have you or your spouse ever been convicted of a crime? (Except traffic misdemeanours). If yes, explain.

Business Information

1) Please tell us why you are looking for a business opportunity:

2) Where did you hear about GEM Health Care® and what do you like about our concept?

3) What does “franchising” mean to you?

4) In your opinion, how would you describe the roles of the Franchisor and Franchisee in a Franchise System?

5) What are your goals and objectives for the next 5 years?

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

7) Please list your preference for locations:

a) _____ b) _____ c) _____

16) When will you be available to open this business?

Immediately: _____ Within 3 months: _____ Within 6 months: _____ Within 1 year: _____

Financial Information

Calculation of Total Assets

List and describe all current asset.

Cash (All financial Institutions) _____
 Life Insurance CSV _____
 Retirement Accounts _____
 Marketable securities _____
 Accounts and Loans Receivable (itemize) _____

 Automobiles _____
 Make & Year _____
 Make & Year _____
 Real Estate Market Value _____
 Business Interests _____
 Other Assets _____

 (A) TOTAL ASSETS _____

Calculation of Total Liabilities

List and describe all current liabilities, including any amounts for alimony and child support.

Bank Loans _____
 Mortgages on Real Estate _____
 Credit cards (itemize) _____

 Other Obligations (itemize) _____

 (B) TOTAL LIABILITIES _____
 Net Worth (A MINUS B) \$ _____

 If you are personally supporting any contingent obligations not listed above (e.g. co-signer, guarantor, endorser), please indicate the details below, including the amount of the obligation.

Present Annual Incomes

Your Gross Income (salaries & Wages) _____
 Commissions and Bonuses _____
 Dividends and Interest _____
 Rental Income _____
 Other Income (itemize) _____

 Spouse's Gross Income _____
 Other Income (itemize) _____

 TOTAL ANNUAL INCOME _____

Present Annual Family Expenses

Mortgages/Rental Payments _____
 Real Estate Taxes _____
 Federal and Provincial Income Taxes _____
 Insurance Premiums _____
 Credit Cards _____
 Consumer Loan Payments _____
 Alimony, Child Support & Maintenance _____
 Other Expenses (itemize) _____

 TOTAL ANNUAL EXPENSES _____

I am submitting this Confidential Questionnaire to obtain further information about the GEM Health Care® Franchise System. I understand that neither GEM Franchising (Canada) Ltd. nor myself are under any obligation whatsoever. Should I proceed with my investigation of the GEM Health Care® Franchise opportunity, my signature constitutes my approval for you to make a routine credit check and conduct such other searches, as you may consider appropriate.

Signature: _____

Date _____