

Franchise application

Qualified food service providers or qualified entities operating non-traditional locations and traditional locations. In addition to requesting additional information, this application is used to purchase a new franchise an additional franchise, or the purchase and transfer of an existing store. The filing of this form does not obligate the applicant to purchase or the franchisor to sell a franchise or location. Kindly tick mark the brand name you are interested in (Ginyaki, Karamel, Go flour, Mohtram, cococubano)

Complete in full and do not use abbreviations. Please print clearly or type.

Company information

Date: Type of business:

Company name ('Applicant'): Tax ID #:

DBA:

Telephone: Fax:

Corporation address: County:

City & State/Province/Area: Zip/Postal code: Country:

Where incorporated or formed?

Number of units: States/Provinces:

*Business contact email address:

Has your company ever been associated directly or indirectly with terrorist activities?

☐ Yes ☐ No

Has a judgment/lien/bankruptcy been filed against you or have you been involved in any litigation proceeding in the past 5 years?

☐ Yes ☐ No

(if yes, you will need to provide the following for each judgement/lien/bankruptcy proceeding: names of the parties involved, date filed, court where filed and nature of the proceeding)

Restaurant information

Please indicate type(s) of unit(s) operated:

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.....
.....

(Example; Convenience Store, Airport, College or University, Food Service, Healthcare Facility, Business/Industry)

Estimated training date should the company choose to invest:

.....

Individuals to attend training (if known):

.....
.....

Contact person: Title/Position:

Alternate contact person: Title/Position:

Additional company information

*If the company is a branch or subsidiary, list the name, address, and
phone number of the parent company*

Name: Phone number:

Address:

City: State/Province: Zip/Postal code:

Bank references

Bank name: Account holder:

Address: City:

State/Province: Zip/Postal code: Phone number:

Bank officer: Account number:

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*The email address you provide will be considered a business email address to be used by the Franchisor and/or its affiliates to communicate with you electronically in connection with this Application and any franchise purchase

Business references

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

Business references

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

Company: Phone number:

Address: City:

State/Province Zip/Postal code:

Contact name: Affiliation:

I am completing this application on behalf of the above-named corporation, or other entity (the "Applicant"). The Applicant and I understand that the granting of a franchise is at the sole discretion of the franchisor

I understand that any information I or the Applicant receive from the Franchisor or any employee, agent, or franchisee of the Franchisor or its affiliate is highly confidential ("Confidential Information"), has been developed with a great deal of effort and expense to the Franchisor, and is being made available to us solely because of this application. I agree that the Applicant and I shall treat and maintain all Confidential Information as confidential, and any representative of the Applicant and I shall not, at any time, without the express written consent of the Franchisor, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or other entity, or use any Confidential Information, directly or indirectly, for my benefit, the Applicant's benefit or the benefit of any person, firm, corporation or other entity, other than for the benefit of the Franchisor.

On behalf of the Applicant, I authorize the Franchisor or its designee to procure a consumer or credit report and a criminal and general background search (collectively referred to as "Screening"). I understand that these reports and searches may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness, litigation history, and job performance (collectively referred to as "Screening Data"). I understand that, upon written request, within a reasonable period, I am entitled to additional information concerning the nature and scope of this Screening. I hereby release any representative of the Franchisor or its affiliate, a credit bureau or consumer reporting agency, security consultant, or other investigative service provider selected by the Franchisor, its affiliates, officers, agents, employees, and/or servants (collectively referred to as the "Screener") from any liability arising from the conduct of the Screening.

Everything that I have stated in this application is true and I understand that the information provided by me, on behalf of the Applicant, will be relied upon by the Franchisor. I acknowledge that I am authorized by the Applicant to enter into agreements on its behalf. In accordance with anti-terrorist legislation, I understand that the Applicant will not be approved to purchase a franchise if it has ever been a suspected terrorist or associated directly or indirectly with terrorist activities. On behalf of the Applicant, I read, understand, and agree to all of the above. Additionally, I understand that the Franchisor may require me to pass a standardized Math and English exam. On behalf of the Applicant, I understand that the Applicant will be required to provide the Franchisor with copies of the Applicant's bank statements for the past three (3) months as verification of the liquid assets listed in the Applicant's financial statement submitted to the Franchisor.

☐ I consent to receive any documents for franchise disclosure purposes through electronic means (if available in my country)

Date:Signature (required):

Name:Title: