



BRITISH COLUMBIA

REQUEST FOR CONSIDERATION FORM

The information requested in this form is used to evaluate your qualifications to be awarded a Papa John's franchise. (Please print or type your responses.)

PERSONAL DATA

Name: _____ Date of Birth: _____

Social Insurance Number: _____

Address: _____

Province: _____ Citizenship: _____

Email Address: _____

Home Telephone: _____ Business Telephone: _____

Mobile Telephone: _____

What specifically drove you to contact Papa John's at this time? (Please be specific as to the exact newspaper, magazine, website etc.) _____

What city/cities would you like to operate in: _____ Number of Units You Wish to Develop: _____

1. _____

2. _____

BUSINESS EXPERIENCE

Please list present or most recent company information.

Company Name: _____

Type of Business: _____

Present / Most Recent Position: _____

Dates Position Held: _____

Number of People You Directly Manage(d): _____

Previous Positions: _____

Have You Ever Owned a Business? Yes No

If Yes, What Type of Business?: _____

Do You Plan to Devote Full Time to This Business Venture? Yes No

Will You Have Equity Partners? Yes No

(If yes, please have all partners complete a Request Form)

Are you now, or have you in the previous ten years, been a party to any lawsuit, arbitration, mediation, bankruptcy or other legal proceeding? Yes No

PERSONAL FINANCIAL STATEMENT

ASSETS

Cash - chequing accounts	
Cash - savings accounts	
Certificates of deposit	
Securities - stocks / bonds / mutual funds	
Notes & contracts receivable	
Automobiles	
Vested interest in deferred compensation/profit sharing plans	
Real estate (market value)	
Other assets (specify)	
Other assets (specify)	

Total Assets: _____ **\$ 0.00**

LIABILITIES

Current Debt (Credit cards, Accounts)	
Notes payable (describe below)	
Taxes payable	
Real estate mortgages (describe)	
Other liabilities (specify)	
Other liabilities (specify)	

Total Liabilities: _____ **\$ 0.00**

Net Worth: _____ **\$ 0.00**

Proposed Principal Operator:

Name:

Address:

What will be your company's organizational structure (e.g., Partnership, Corporation, LLC,)? _____

Please attach a resume for each proposed owner and your Principal Operator candidate.

ACKNOWLEDGEMENT

By signing and submitting this form to Papa John's British Columbia, you hereby authorize Papa John's British Columbia and/or its agent to perform background checks including obtaining your consumer credit report from a credit reporting agency. Your signature also authorizes, without reservation, any agencies contacted to furnish your consumer credit information and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in an original, fax, photocopy or digital image form.

Signature

Printed Name

Date

Please submit completed form via email to franchising@papajohnsbc.ca, fax to 604-552-3360, or click the "Submit Form" button below.

Submit Form