



LIFESTYLE & AESTHETIC MEDICINE

## CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in MD Treatment Lounge™. To properly evaluate your application, please provide us with all necessary information, sign and return to us. Attach any additional information such as resume or letters of recommendation that you wish us to consider when evaluating your application. All information will be treated as confidential and does not obligate either party. Thank you for taking time to complete and return your application.

**DATE:** \_\_\_\_\_

### PERSONAL INFORMATION:

**Name:** \_\_\_\_\_

**SIN:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Spouse Citizenship:** \_\_\_\_\_ **Spouse's Birthdate:** \_\_\_\_\_

**# of Dependants:** \_\_\_\_\_ **Ages of Dependants:** \_\_\_\_\_

**Have you operated a franchise before? Y\_\_\_ N\_\_\_**

**If yes, provide details:** \_\_\_\_\_

**Have you ever been self-employed? Y\_\_\_ N\_\_\_**

**If yes, provide details:** \_\_\_\_\_

**EDUCATION**

**High School** \_\_\_\_\_ **Last Year Completed:** \_\_\_\_\_

**College** \_\_\_\_\_ **Last Year Completed:** \_\_\_\_\_

**University** \_\_\_\_\_ **Last Year Completed:** \_\_\_\_\_

**Major, Degrees, Other:** \_\_\_\_\_

**PREFERED LOCATION/TERRITORY**

**Preference #1** \_\_\_\_\_

**Preference #2** \_\_\_\_\_

**Preference #3** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**SPECIFIC DATA**

**When would you be ready to invest in your MD Treatment Lounge clinic if you were approved?**

\_\_\_\_\_

**Who will be responsible for the daily operation of your clinic?**

\_\_\_\_\_

**What skills/experience do you have that will help you be successful in this business?**

\_\_\_\_\_

**Why do you think this clinic will enable you to reach your personal goals?**

\_\_\_\_\_

**How much cash do you have available for investment in your clinic?**

\_\_\_\_\_

**Are you now, or have you ever been party to any lawsuit – either as defendant or plaintiff?**

**If yes, provide details:** \_\_\_\_\_

**Have you ever been convicted of any criminal offense? Y\_\_ N\_\_**

**If yes, provide details:** \_\_\_\_\_

**Have you ever filed for bankruptcy? When? If yes, provide details: Y\_\_ N\_\_**

\_\_\_\_\_

**EMPLOYMENT HISTORY**

May we contact your current employer? Y\_\_\_ N\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position \_\_\_\_\_ Salary: \_\_\_\_\_

Spouse's Employment History: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position \_\_\_\_\_ Salary: \_\_\_\_\_

Please attach a current resume detailing your employment history.

**FINANCIAL INFORMATION**

**ASSETS**

Cash on Hand (Includes Savings and Chequing Account): \_\_\_\_\_

Stocks, GIC's, Mutual Funds: \_\_\_\_\_

RSP's RESP, RIF: \_\_\_\_\_

Pension Plan: \_\_\_\_\_

Home: \_\_\_\_\_

Automobile: \_\_\_\_\_

Collectables, Jewelry, Antiques: \_\_\_\_\_

Investment Properties: \_\_\_\_\_

Other Assets: \_\_\_\_\_

**LIABILITIES**

Mortgage on your home: \_\_\_\_\_

Loans: \_\_\_\_\_

Mortgage on Investment Property: \_\_\_\_\_

Car Loan: \_\_\_\_\_

Credit Card Balances: \_\_\_\_\_

Unpaid Taxes: \_\_\_\_\_

ASSETS - LIABILITIES = NET WORTH: \_\_\_\_\_

**REFERENCES:**

**Name:** \_\_\_\_\_ **Tel Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel Number:** \_\_\_\_\_

I understand that the submission of this application does not obligate me or MD Treatment Lounge or affiliated companies and/or directors and shareholders in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that MD Treatment Lounge has the sole right to approve or disapprove the Application for any reason it may determine, and in the event that MD Treatment Lounge disapproves the Application, MD Treatment Lounge shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. MD Treatment Lounge and/or directors and shareholders are authorized to investigate my background as it pertains to my qualifications. I further authorize MD Treatment Lounge to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential MD Treatment Lounge franchisee.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please scan and email your completed application to [franchise@mdtreatmentlounge.com](mailto:franchise@mdtreatmentlounge.com)**