

FRANCHISE APPLICATION

DATE

Contact Information

NAME

OTHER NAME YOU ARE KNOWN BY (GIVE DETAILS)

EMAIL ADDRESS

HOME PHONE

BUSINESS PHONE

MAY WE CONTACT YOU AT YOUR BUSINESS? YES NO

CURRENT ADDRESS

CITY

PROVINCE

POSTAL CODE

PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT ABOVE ADDRESS)

CITY

PROVINCE

POSTAL CODE

COUNTRY OF CITIZENSHIP

SOCIAL INSURANCE NUMBER

DATE OF BIRTH

MARITAL STATUS

SPOUSE'S NAME

SPOUSE'S DATE OF BIRTH

SPOUSE'S OCCUPATION

DEPENDANT'S NAMES AND AGES

HOBBIES, COMMUNITY ACTIVITIES AND/OR SPECIAL INTERESTS

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY EMPLOYEE OF RICKY'S RESTAURANTS? YES NO

IF YES, PROVIDE NAME(S) AND RELATIONSHIP

ARE YOU OR YOUR SPOUSE, YOUR EMPLOYER, OR FAMILY MEMBERS PROVIDING GOODS OR SERVICES TO RICKY'S RESTAURANTS? YES NO

IF YES, PLEASE GIVE DETAILS



CONFIDENTIAL The completion of this form does not obligate either party in any manner. Please type or print legibly in ink and give specific answers to all questions.

QUESTIONS ABOUT THIS APPLICATION FORM?

Toll-free 1-888-597-7272

Phone 1-604-637-7272

Email franchising@rickysr.com

PRINT COMPLETED FORM; MAIL OR FAX TO: Ricky's Family Restaurants Ltd.

Unit 401 - 1901 Rosser Avenue,
Burnaby, British Columbia V5C 6S3

Fax 1-604-637-8874



Ricky's Family Restaurants Ltd. Unit 401 - 1901 Rosser Avenue, Burnaby, BC V5C 6S3
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Educational Background

LAST YEAR OF SCHOOL COMPLETED

NAME OF COLLEGE AND/OR POST-GRADUATE SCHOOL

MAJOR OR DEGREE

DESCRIBE ANY SPECIFIC TRAINING RELATED TO RESTAURANTS, SALES, MANAGEMENT OR RETAILING

Business Interest

WILL YOU DEVOTE YOURSELF FULL TIME TO THIS BUSINESS? YES NO

ARE YOU WILLING TO RELOCATE? YES NO

IF YES, INDICATE PREFERRED GEORGRAPHIC AREAS

Business Experience

PRESENT OCCUPATION

COMPANY

TYPE OF BUSINESS

SINCE

AVERAGE ANNUAL INCOME

ADDRESS

CITY

PROVINCE

POSTAL CODE

YOUR MAJOR ACCOMPLISHMENTS WITH THIS COMPANY



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Business Experience (Continued)

MAY WE CONTACT THIS COMPANY? YES NO

IF YES, PROVIDE CONTACT PERSON AND TELEPHONE NUMBER

PREVIOUS OCCUPATION FROM TO

REASON FOR LEAVING

COMPANY TYPE OF BUSINESS

ADDRESS

CITY PROVINCE POSTAL CODE

YOUR MAJOR ACCOMPLISHMENTS WITH THIS COMPANY

MAY WE CONTACT THIS COMPANY? YES NO

IF YES, PROVIDE CONTACT PERSON AND TELEPHONE NUMBER

HAVE YOU EVER WORKED IN A RICKY'S RESTAURANT? YES NO

IF YES, WHEN AND WHERE?

HAVE YOU EVER OWNED YOUR OWN BUSINESS OR FRANCHISE? IF SO, GIVE DETAILS

HAVE YOU EVER HAD A BUSINESS FAILURE? IF SO, PLEASE EXPLAIN



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Business Experience (Continued)

REASONS FOR GOING INTO A RICKY'S FRANCHISE AT THIS TIME

IN YOUR OPINION, WHAT ARE THE ESSENTIAL ELEMENTS TO SUCCESSFUL OPERATION OF A RICKY'S RESTAURANT?

WHY DO FRANCHISEES PAY RICKY'S AN INITIAL FEE?

WHY DO FRANCHISEES PAY RICKY'S AN ONGOING SERVICE FEE?

WHY DO FRANCHISEES PAY A MARKETING AND ADVERTISING FEE?

WAS ANY SPECIAL PROMISE MADE TO YOU IN CONNECTION WITH THIS APPLICATION? IF SO, PLEASE GIVE DETAILS

I AM CONFIDENT THAT I CAN OPERATE A RICKY'S RESTAURANT SUCCESSFULLY BECAUSE

PERSONAL NET WORTH STATEMENT

IN ADDITION TO COMPLETING THE BELOW INFORMATION, PLEASE ATTACH:

1. BANK/BROKERAGE STATEMENTS TO CONFIRM ALL CASH/STOCK BALANCES
2. PROPERTY TAX ASSESSMENTS FOR ALL OWNED REAL ESTATE
3. PERSONAL TAX RETURN (T1 GENERAL SUMMARY OR NOTICE OF ASSESSMENT) FOR THE LAST 2 YEARS
4. FINANCIAL STATEMENTS (LAST TWO YEAR'S FYE AND INTERIMS TO PRESENT) FOR ANY OWNED BUSINESSES

Applicant Information

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NUMBER
OCCUPATION		NO. OF YEARS	BUSINESS PHONE NUMBER
CURRENT ADDRESS			RESIDENCE PHONE NUMBER
CITY	PROVINCE		POSTAL CODE
SPOUSE'S LAST NAME	SPOUSE'S FIRST NAME & MIDDLE INITIAL		SPOUSE'S SOCIAL INSURANCE NUMBER

ASSETS		LIABILITIES	
CASH	\$	NOTES & BILLS PAYABLE	\$
STOCKS & BONDS	\$	LINE OF CREDIT	\$
RRSP'S	\$	OTHER INSTALLMENT LOANS NAME:	\$
NOTES & ACCOUNTS RECEIVABLE	\$		\$
REAL ESTATE OWNED	\$	MORTGAGES ON REAL ESTATE	\$
PERSONAL PROPERTY	\$	INCOME TAX PAYABLE	\$
CASH VALUE OF LIFE INSURANCE	\$	OTHER ACCRUALS	\$
OTHER ASSETS NAME:	\$	OTHER LIABILITIES NAME:	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
PLEASE NOTE ALL ASSETS HELD IN JOINT TENANCY WITH A * ABOVE.		NET WORTH	\$
		LIABILITIES + NET WORTH	\$



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INCOME		CONTINGENT LIABILITIES	
SALARY FOR THE YEAR OF:	\$	AS GUARANTOR, CO-SIGNER OR ENDORSER	\$
SECURITIES	\$	OTHER LEASES OR CONTRACTS	\$
RENTALS RECEIVED	\$		
BUSINESS:	\$		
OTHER:	\$		
TOTAL INCOME	\$		

ARE ANY ASSETS PLEDGED OR MORTGAGED OTHER THAN AS SHOWN ABOVE? YES NO

IS APPLICANT A DEFENDANT IN SUITS OR LEGAL ACTIONS? YES NO

HAS THE APPLICANT EVER DECLARED BANKRUPTCY? YES NO

Stocks & Bonds

NAME OF COMPANY	NO. OF SHARES	MARKET PRICE	MARKET VALUE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Notes & Accounts Receivable

DUE FROM	COLLATERAL	INSTALLMENTS	MATURITY	BALANCE DUE
		\$		\$
		\$		\$
		\$		\$



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Real Estate Properties & Mortgages

ADDRESS	HOME/COTTAGE /RENTA	PURCHASE PRICE	CURRENT MARKET VALUE	YEAR PURCHASED	MONTHLY PAYMENTS	MORTGAGE BALANCE	LENDER OR LIEN HOLDER
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	

Cash Value of Life Insurance

INSURED	BENEFICIARY	INSURANCE COMPANY	FACE AMOUNT	CASH VALUE
			\$	\$
			\$	\$

Business Interests - Please attach last two year's FYE statements and interims to present

NAME OF COMPANY	INDUSTRY/CONCEPT	OPENING DATE	OWNERSHIP %	LOAN PAYMENT /MONTH	VALUATION
				\$	\$
				\$	\$
				\$	\$

Notes Payable, Accounts Payable, & Contingent Liabilities

DUE TO	COLLATERAL	MATURITY	INSTALLMENTS	BALANCE DUE
			\$	\$
			\$	\$
			\$	\$

FOR THE PURPOSE OF PROCURING AND MAINTAINING CREDIT, IN ANY FORM WHATSOEVER, WITH YOU FROM TIME TO TIME, THE UNDERSIGNED SUBMITS THE FOREGOING AND FOLLOWING STATEMENT AND INFORMATION BOTH WRITTEN AND PRINTED AND INCLUDING SUPPLEMENTAL STATEMENTS AS BEING A FULL, TRUE, AND CORRECT STATEMENT OF UNDERSIGNED'S FINANCIAL CONDITION ON THE DATE STATED. THE UNDERSIGNED AGREES TO NOTIFY YOU IMMEDIATELY IN WRITING OF ANY MATERIALLY UNFAVOURABLE CHANGE IN UNDERSIGNED'S FINANCIAL CONDITION, AND IN THE ABSENCE OF SUCH NOTICE, OR OF A NEW AND FULL WRITTEN STATEMENT, THIS MAY BE CONSIDERED AS A CONTINUING STATEMENT AND SUBSTANTIALLY CORRECT AND IT IS HEREBY EXPRESSLY AGREED THAT UPON APPLICATION FOR FURTHER CREDIT THIS STATEMENT SHALL HAVE THE SAME FORCE AND EFFECT AS IF DELIVERED AS AN ORIGINAL STATEMENT OF UNDERSIGNED'S FINANCIAL CONDITION AT THE TIME SUCH FURTHER CREDIT IS REQUESTED. IF ANY STATEMENT HEREIN IS INCORRECT IN ANY MATERIAL RESPECT, OR IF THE UNDERSIGNED SHALL FAIL TO COMPLY STRICTLY WITH ANY AGREEMENT SET FORTH HEREIN, THEN AT YOUR ELECTION WITHOUT NOTICE ALL OBLIGATIONS OF THE UNDERSIGNED TO YOU SHALL BE IMMEDIATELY DUE AND PAYABLE.

APPLICANT SIGNATURE	DATE
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Consent Form A

Consent for Disclosure of Personal Information

Name Based Canadian Criminal Record Verification & Credit Bureau Inquiry with Identity Cross-Check

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of a name based criminal record verification for employment purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼			Date of Birth: ▼		
City		Province	Country	yyyy	mm / dd
Current Address: ▼			From: ▼	To: ▼	
Unit Number		Street Number	Street Name	yyyy	mm / dd
Current Address Continued: ▼					
City		Province	Country	Postal Code	
Previous Address – if less than 5 years ago: ▼			From: ▼	To: ▼	
Unit Number		Street Number	Street Name	yyyy	mm / dd
Previous Address – Continued: ▼					
City		Province	Country	Postal Code	
Telephone Number: ▼		Alternative Telephone Number: ▼		Position Applied For: ▼	

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Declaration of Offences	Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you been granted a conditional discharge within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you been granted an absolute discharge within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If you have answered Yes to any of the above questions, please provide details on ALL convictions (attach additional pages if required):		
	Offence	Date (yyyy/mm/dd)	Location
	/ /		
	/ /		

Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **Ricky's Family Restaurant**. Details of the offence are requested to enable **Ricky's Family Restaurant** to determine whether the offence is related to your employment or intended employment.

Statement of Understanding and Consent	<p>I have applied to Ricky's Family Restaurant for employment. Part of the screening process includes a search of the National Criminal Records repository, known as the Canadian Police Information Centre (CPIC) database, maintained by the RCMP using the name(s) and date of birth provided above. BackCheck conducts these investigations on behalf of Ricky's Family Restaurant.</p> <p>I hereby consent and authorize a Canadian Police Department to search for and disclose on my behalf to BackCheck who is requesting a name based Canadian criminal record verification on behalf of Ricky's Family Restaurant the fact that records may exist on me and are registered on the CPIC database. I acknowledge that such records may include information relating to criminal convictions under the <i>Criminal Code</i> (Canada) for which a pardon has not been granted and conditional and absolute discharges which have not been removed from the CPIC database in accordance with the <i>Criminal Records Act</i>.</p> <p>I authorize BackCheck to release all information obtained to Ricky's Family Restaurant and hold harmless BackCheck upon the release of this information or its findings to Ricky's Family Restaurant. I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with Ricky's Family Restaurant.</p> <p>Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.</p> <p>This request is made in compliance with any applicable provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request, and in particular in accordance with the Nova Scotia <i>Municipal Government Act</i> and the Ontario <i>Municipal Freedom of Information and Protection of Privacy Act</i>. I understand that my personal information may be processed outside of Canada in order to return results in a timely manner.</p>	
	Candidate Signature: _____ X	Date: (yyyy/mm/dd) ▼
	Hiring Manager's Signature: _____ X	Date: (yyyy/mm/dd) ▼

Credit Inquiry w/ Identity Cross-Check	<p>In connection with my application for employment with Ricky's Family Restaurant, I understand that the background check process includes a Canadian Credit Bureau Inquiry with Identity Cross-Check, with retrieval of information from a major Canadian credit bureau.</p> <p>I hereby consent to a Canadian Credit Bureau Inquiry with Identity Cross-Check by BackCheck, on behalf of Ricky's Family Restaurant, which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors, and I hereby authorize any public or private institution to provide and release to BackCheck information related to my credit record. I authorize BackCheck to release all personal information obtained during the above Canadian Credit Bureau Inquiry with Identity Cross-Check to Ricky's Family Restaurant.</p>	
	Candidate Signature: _____ X	Date: (yyyy/mm/dd) ▼