



VISAGE COSMETICS

01/02

31 Wingold Ave. Toronto, Ontario, Canada M6B 1P8

CONFIDENTIAL FRANCHISE APPLICATION

THIS IS NOT A CONTRACT AND DOES NOT OBLIGATE EITHER PARTY IN ANY MANNER.

GENERAL:

Date _____

Name _____ Address _____ City _____
Province/State _____ Postal/Zip Code _____ Home Telephone _____
If present address has been less than 3 years, list your former address _____

PERSONAL:

Age _____ Marital Status _____ Spouse's Name _____ Total Dependents _____
Social Insurance/Security Number _____ Health Card # _____
Do you own your home, or rent? _____
Landlord or Mortgage Holder (Name and address) _____

Education - Grade School () High School () College () Other ()
Are you a defendant in a legal action? (Explain) _____

PROFESSIONAL:

Present Occupation (Position) _____ Company and Address _____
Business Telephone _____

May we contact you there? _____
Do you presently own or operate your own business? _____ What Kind? _____
Give Details _____
Have you ever owned or operated your own business? _____
Give Details _____

PREVIOUS EMPLOYMENT OR BUSINESS BACKGROUND:

Dates	Employer and Address	Position	Average Annual Income

BUSINESS GENERAL:

How long have you been seeking a business? _____
Why are you interested in a Caryl Baker Visage Cosmetics Salon? _____
What are your long term goals? _____

Do you plan to have investors? _____ Name, Address and Telephone _____

Do you plan to have a working partner? _____ (Enclose partner's application)
Name, Address and Telephone _____
When can you start training? _____ Would you relocate? _____
Geographical Preference 1) _____ 2) _____ 3) _____
Have you or your spouse ever been involved in a bankruptcy? _____
When _____

Amount _____

Details _____