

CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in Enlighten Laser & Skin Care Clinics. 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. Should your discovery evolve to a franchise award please note that we may require copies of (including but not limited to) bank statements. 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:	
Postal Code:	
Home Phone:	Cell Phone:
Work Phone:	Fax:
Marital Status:	
Spouse Citizenship:	Spouse's Birthdate:
# of Dependants:	Ages of Dependants:
Have you operated a franchise Y before? If yes, provide details:	Ν
Have you ever been selfYemployed?If yes, provide details:	N



EDUCATION

High School		Last Year Completed:		
College		Last Year Completed:		
University		Last Year Completed:		
Major, Degrees, Other:				
PREFERED LOCATION				
Preference #1				
Preference #2				
Preference #3				
How did you hear about us?				
SPECIFIC DATA				
When would you be ready to invest in your franchise if you were approved?				
Who will be responsible for the da	ily operation of	your franchise?		
What skills/experience do you have	e that will help	you be successful in this business?		
Why do you think this franchise w	ill enable you to	o reach your personal goals?		
How much cash do you have availa	able for investm	nent?		
Would this business be your sole source of income?	Y	Ν		
Are you now, or have you ever bee	en party to any l	lawsuit – either as defendant or plaintiff?		
If yes, provide details:				
Have you ever been convicted of any criminal offense?	Y	Ν		
If yes, provide details:				
Have you ever filed for bankruptcy, when? If yes, provide details:	Y	Ν		



EMPLOYMENT HISTORY

May we contact your current Y employer?	Ν	
Company:		
Position		
Spouse's Employment History:		
Address:		
Position	Salary:	
Please attach a current resume detailing		
FINANCIAL INFORMATION		
ASSETS		
Cash on Hand (Includes Savings and Ch	equing Account):	
Stocks, GIC's, Mutual Funds:		
LIABILITIES		
Mortgage on your home:		
Loans:		
Car Loan:		
Unpaid Taxes:		
ASSETS - LIABILITIES = NET WORT		



REFERENCES:

Name:	Tel Number:
Name:	Tel Number:
Name:	Tel Number:

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

I certify that the information contained in this Application is accurate and complete. Enlighten Laser Inc. is authorized to investigate my background as it pertains to my qualifications. I further authorize Enlighten Laser Inc. 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 Enlighten Laser Inc. franchisee.

Print Name: _____

Signature: _____

Please scan and email your completed application to franchise@enlightenlaser.ca or by fax at 1-902-468-9507