



403-300-0800

www.unclealspizza.ca

DEAR APPLICANT,

Thank you for your interest in **Uncle Al's Pizza**. Should you wish to proceed with the application process, please complete and return the attached application to info@unclealspizza.ca Only fully completed applications will be considered.

The information which you provide in the attached application and throughout the remainder of the application process will be held in strict confidence and will be used solely for the purpose of evaluating your suitability for an

Uncle Al's Pizza franchise.

Our receipt of a completed franchise application from you does not mean that you have been approved or accepted as an Uncle Al's Pizza franchisee, nor does it obligate either you or the Franchiser to continue with the application process. If we believe based on our review of your completed application, that you are a suitable candidate, we will contact you by phone or email to schedule an in-person meeting. Successful applicants may expect to be contacted within 30 days from us receiving a completed application. While we appreciate every applicant's interest in **Uncle Al's Pizza** franchise, only successful applicants will be contacted.

Thank you again for your interest in **Uncle Al's Pizza**. We are looking forward to meeting you in person.

Sincerely,

Muhammad Farhan Siddiqui
Director of Franchise &
Development
Cell: (403)654-5454
Office : (825)540-3483

CONFIDENTIAL FRANCHISE APPLICATION
WWW.UNCLEALSPIZZA.CA



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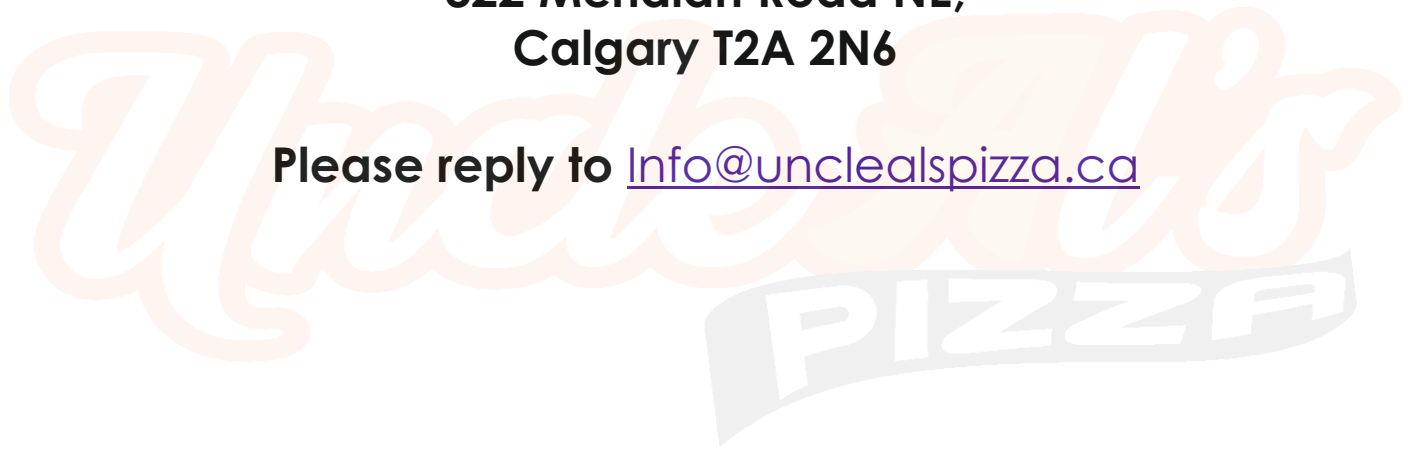
www.unclealspizza.ca

FRANCHISE APPLICATION

This form, when completed, gives us some of the information we need in order to give you proper consideration in deciding whether or not to grant you a license or franchise. Please print or type and give specific answers to all questions. All information is confidential. The completion of this form does not obligate either **UNCLE AL'S, Inc.** or you in any manner.

UNCLE AL'S PIZZA CORPORATE OFFICE
322 Meridian Road NE,
Calgary T2A 2N6

Please reply to Info@unclealspizza.ca



PERSONAL DATA

Date_____

Name_____

SIN #_____

Address_____

Date of Birth_____

City_____

State_____ Zip Code_____

Home Phone_____

Business Phone_____

Spouse's Name_____

Spouse's Date of Birth_____

Have you ever been convicted of, pled guilty or no contest to, a felony or misdemeanor (other than a minor traffic violation?) Yes_____ No_____

If Yes, Please state details:

PERSONAL REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP

BUSINESS EXPERIENCE (Employment or Ownership)

Please give present or last position first, and provide the last ten years of employment or business.

Attach an additional sheet if necessary.

1. Company _____ Type of Business _____

Address _____

City/ Province _____ Position _____

Period from _____ to _____ Major Accomplishments _____

May we contact this company? YES _____ NO _____

Contact Person _____ Telephone _____

2. Company _____ Type of Business _____

Address _____

City/ Province _____ Position _____

Period from _____ to _____ Major Accomplishments _____

May we contact this company? YES _____ NO _____

Contact Person _____ Telephone _____

PERSONAL BALANCE SHEET

ASSETS		LIABILITIES	
Cash on Hand and in Banks (From Schedule # 1)	\$	Loans, Notes (Schedules #5)	\$
Stocks and Bonds From Schedule #2)	\$	Mortgages Payable (Schedule #4)	\$
Accounts/ Notes Receivable (From Schedule #3)	\$	Charge Accounts and Bills Due	\$
Real Estate Investments (From Schedule #4)	\$	Unpaid Taxes (Attach explanation)	\$
Net Value of Business (Enclose most recent Financial Statement)	\$	Liens Payable (Attach explanation)	\$
Life Insurance: Cash Value	\$		\$

SCHEDULE #1

SAVINGS: Bank, S & L, Credit Union, etc.

Name of Institution	Account Number	Cash Balance

GENERAL INFORMATION

(Use another sheet of paper if you need additional space to answer the questions below)

1. In your opinion, what are the essentials to the successful operation of a successful franchise?

2. Are you prepared financially for the lack of income during the construction, training and the initial introductory phase?

3. Was any special promise made to you in connection with this application?

YES _____ NO _____ If Yes, please state details: _____

AUTHORIZATION

I authorize you to make investigations of my credit, character and ability and to contact persons, whether listed or not, in order to obtain personal information about me. I release all such persons from any liability for damages, which may occur as a result of the furnishing of such information. I also swear or affirm that all information in this application is true and complete.

Signature _____ Date _____

Signature _____ Date _____