



Tazza World Tea & Cafe Franchise Application

Please complete and return this application as soon as possible to continue your investigation of the Tazza Franchise. The filing of the application does not obligate the applicant to purchase or the Franchisor to sell a franchise. Please complete in full and do not use abbreviations. Print clearly or Type. NOTE: FAILURE TO ANSWER ANY QUESTION FULLY DELAYS ACTION. Fields noted by an * are mandatory and Must be completed for the form to be processed.

Applicant's Information

*Family Name _____ Middle Name _____ First Name _____

Address _____ City _____ State/Province _____ Postal Code _____

*Phone Number _____ Email Address _____ *ID/SIN# _____

*Family Name _____ Middle Name _____ First Name _____

Address _____ City _____ State/Province _____ Postal Code _____

*Phone Number _____ Email Address _____ *ID/SIN# _____

Applicant's Citizenship _____ Are you of legal age in your state/province and or area of residence? Yes No

Business Information

Self-Employed? Yes No (If Yes, please go to the next section)

Employed By _____ Position/Title _____ Number of Years _____

Address _____ City _____ State/Province _____ Postal Code _____

Nature of Business _____ Phone Number _____ *Contact You at Work? Yes No

Previous Employer/Business _____ Position/Title _____ Number of Years _____

Address _____ City _____ State/Province _____ Postal Code _____

Educational Background – Please list schools attended, years attended and Grade or Degree attained.

*References - Please include names, addresses, country & city codes and phone numbers. (no relatives)

Financial Information

(please list figures in Canadian dollars)

*Annual Income from present occupation \$ _____ Other Annual Income \$ _____ (please explain) _____

*Please list Personal Banks, Branches (if applicable) with complete addresses _____

*Would this business be your sole source of income? Yes No Do you Have a Financing Source? Yes No

*Your Total Assets \$ _____ *Your Total Liabilities \$ _____ *Your Estimated Net Worth \$ _____

*Amount of Cash Available for Investment \$ _____ *Amount of Financing Available \$ _____

*If qualified, when would you be ready to invest? Yes No Do you intend to run this business yourself? Yes No

*Location Preference 1 _____ 2 _____ 3 _____

If you choose co-ownership please list names & addresses below. (If names are to be included on the Franchise Agreements, please have these individuals fill out a separate application.)

I hereby grant the permission to The Franchisor (KLK Enterprises) to perform a credit report check. I understand that the granting of a Franchise is at the sole discretion of the Franchisor (KLK Enterprises), I understand that the information I am receiving from the Franchisor or from any employee, agent, or franchisee of the Franchisor is highly confidential, has been developed with a great deal of effort and expense to the Franchisor, is being made available to me because of this application, and will be held in strictest confidence. I will not divulge or use any data, customer or employee names and addresses, techniques, methods, advertising materials, forms, or other information of whatever kind received from the Franchisor without its consent. I understand that I will have to successfully complete the Franchisor's training school before I will be allowed to open for business. I authorize the procurement of an investigative.

Sign _____ Date _____