

FIORIO™

ASSOCIATE SALON APPLICATION

I INTRODUCTION

The purpose of this Fiorio associate salon application is to provide information to Fiorio for a preliminary evaluation of the applicant(s) background and qualifications. All information provided is kept confidential. Neither party is bound in any way by the completion or submission of this application. It merely serves as a starting point to determine if a Fiorio franchise is right for you. Each owner, partner, and shareholder associated with the purchase of the associate salon must complete a Fiorio Associate Salon application. Please print clearly and attach additional documents, if necessary, to provide full disclosure.

I understand that the information I am receiving from Fiorio or from any of their employees, agents, or associate salon is highly confidential. I will hold it in the strictest confidence. Yes

II PERSONAL INFORMATION

Name _____ Address _____

City _____ Province _____ Postal Code _____

If you have resided at the above address for less than three years, please provide former address:

Home Tel. _____ Bus. Tel. _____ Cell No. _____

Email Address _____ Date of Birth _____

S.I.N. _____ / _____ / _____ Marital Status _____ No. of Children _____

Spouse's Name _____ Spouse's Occupation _____

Are you a Canadian citizen? Yes No If not, what is your status? _____

Are you or any business you own involved in any legal action? Yes No If yes, please

explain. _____

Have you ever filed for bankruptcy? Yes No If yes, please explain.

III EMPLOYMENT INFORMATION

May we contact your present employer? Yes No

Current Firm _____ Telephone _____

Address _____

Position _____ Supervisor _____

Annual Compensation \$ _____ Employed from _____ to _____

Duties and Responsibilities _____

Have you ever owned your own business/franchise? Yes No If yes, please explain.

Have you ever worked in the hair/beauty service industry? Yes No If yes, please explain.

Have you ever been self-employed? Yes No If yes, please explain.

Please attach a resume that gives us more information on previous jobs that you have held.

Fiorio Head Office: 108A Cumberland Street, Toronto, Ontario M5R 1A6

Phone: (416) 964-5764 • Toll Free: 1 (800) 561-8109 • Fax: (416) 964-8548 • Email: admin@fiorio.com

IV EDUCATIONAL INFORMATION

Select the highest level of education completed. High School College/University Other
 If high school, last grade completed _____
 If college/university, degree and year completed _____ in (mm/yy) ____ / ____
 If other, please explain. _____
 Describe any training in marketing, management, real estate, sales, retailing or other business.

Describe any experience that would help you to own a business. _____

V BUSINESS INTEREST

Why are you interested in a Fiorio associate salon? _____

How did you learn about the associate salon opportunity? _____

What are your long-term goals? _____

What percent of the business will you own? ____%

Will you work in the business full time? Yes No If no, please explain. _____

Who will be responsible for the day-to-day operations? _____

Will you have a business partner? Yes No If yes, please provide the name of each partner.

1. _____ 2. _____

When are you able to start this business venture? _____

Will you be operating this associate salon as a corporation? Yes No If yes, please include full business name and address, and explain on an additional page.

Do you plan to have investors? Yes No Name, Address, and Telephone _____

VI LOCATION PREFERENCES

1st Choice _____

2nd Choice _____

3rd Choice _____

Would you be willing to consider other locations selected by us? Yes No

VII REFERENCES

Please name three persons who have known you for at least two years.

Credit

Name _____ Occupation _____

Address _____ Telephone _____

Character

Name _____ Occupation _____

Address _____ Telephone _____

Business

Name _____ Occupation _____

Address _____ Telephone _____

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VIII FINANCIAL INFORMATION

Statement of financial conditions as of _____ 20_____

Assets

Cash on Hand	\$
Securities	\$
Accounts/Notes/Mortgage Receivable	\$
Real Estate	\$
Other	\$
Total Assets	\$

Liabilities

Accounts Payable	\$
Notes/Loans Payable	\$
Mortgage Payable	\$
Taxes Payable	\$
Interest Payable	\$
Other	\$
Total Liabilities	\$

Net Worth

Net Worth (Total Assets - Total Liabilities)	\$
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Income

Salary	\$
Bonus	\$
Commissions	\$
Benefits	\$
Interest/Dividends	\$
Real Estate	\$
Business Profits	\$
Other	\$
Total Income	\$

Amount of capital available for this business venture: Cash \$_____ Loan \$_____

What is the source of this Capital? _____

If the required amount is not available, how would the investment be obtained? Explain in detail.

How do you plan to finance the construction costs of your salon? _____

How do you plan to finance the equipment and other costs associated with opening your salon?

Upon request, all financial information must be verified and submitted

IX PERSONAL STATEMENT

Explain in a few lines why you believe you can operate a successful Fiorio Salon.

X ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE

The submission of this application does not obligate either the applicant or Fiorio in any manner, nor does it imply there is any legal commercial relationship between either party.

Applicant hereby certifies that the information contained in this franchise application, including any additional pages submitted, are true and correct and complete as of date indicated. Applicant agrees to notify Fiorio immediately in writing of any material change in said condition.

Fiorio and its agents are authorized to make any and all inquiries as it deems necessary to verify the accuracy of the information contained in this application, and may conduct any additional background and financial investigation as it deems necessary.

Date _____
Name _____
Signature _____