



*Legacy Wine & Spirits International Ltd*  
*Wine Importers, Marketers, Distributors and Store Keepers*

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Legacy Wine & Spirits International Ltd. 385 52 Ave., Pointe-Calumet, Quebec, J0N 1G4

Phone: 1-888-488-6882 Fax: 1-888-265-0498

[www.legacywineandspirits.com](http://www.legacywineandspirits.com)

### CONFIDENTIAL FRANCHISE QUESTIONNAIRE

\* PLEASE PRINT OR TYPE \*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Length of time at above address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City Prov. Postal Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d/y) Social Insurance No: \_\_\_\_\_

Marital Status: Single  Married  If married, name of spouse: \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

Previous work experience, starting with the most recent:

Company	Address	Position	Number of Years

Education:

Last year of school completed: \_\_\_\_\_

College Degree: Yes  No

Health:

Health Status: \_\_\_\_\_ Illness/Disability: \_\_\_\_\_

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Attorney: (If Applicable)

Attorney's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Business Options:

Legacy Store Location(s) of Interest: \_\_\_\_\_

When are you available to open the business: \_\_\_\_\_

Will you work in the business: Full-Time  or Part-Time

If Part-Time, please explain why: \_\_\_\_\_

Will you have a partner: Yes  No  If so, will your partner be active: Yes  No

**Background Check:**

Have you ever been convicted of a Felony or misdemeanor (other than a traffic violation) or are you currently involved in a criminal proceeding:

Yes  No

If yes, please state details: \_\_\_\_\_

Have you ever taken bankruptcy: Yes  No  If yes, state place and date: \_\_\_\_\_

Reason for Bankruptcy: \_\_\_\_\_

**Income Status:**

What is your current annual income (including sources other than your salary): \_\_\_\_\_

**REFERENCES:** (to be contacted after interview)

Name	Position	Address	Telephone No.

**FINANCIAL INFORMATION:**

As of \_\_\_/\_\_\_/\_\_\_ (m/d/y)

	<b>ASSETS</b>		<b>LIABILITIES</b>
Cash on Hand		Notes Payable	
Securities		To Banks	
Cash Value of Insurance		Due Others	
Other Investments		Mortgages	
Personal Items		Home	
Autos		Real Estate	
Home		Other	
Other Real Estate		Installments/Loans	
Value other Business			
Other Assets		Other Obligations	
<b><u>Total Assets</u></b>		<b><u>Total Liabilities</u></b>	
<b><u>Net Worth</u></b>			

**BANK & CREDIT REFERENCES:**

NAME	ADDRESS	TELEPHONE NO.

Credit Cards Held:    Visa         Mastercard         American Express     Other: \_\_\_\_\_

Please note the items that you would convert to cash, if necessary, to meet the initial requirements of Legacy Wine and Spirits:


**Financing:**

Capital Available:

\$50,000.00         \$75,000.00         \$100,000.00         More: \$ \_\_\_\_\_

Will you require assistance to obtain financing:    Yes     No

**Business Contribution:**

What do you feel will be your most important contribution to your business:

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You, the undersigned, hereby declare that all the information provided herein is to the best of your knowledge true, complete and correct and you understand that it may be used to determine your credit worthiness. In order to assess your ability to meet your financial obligations, you authorize **Legacy Wine and Spirits** and its agents or assigns:

- i) to request and obtain personal information about you on an ongoing basis from credit bureaus from information they previously collected about you in order to assess your credit history;
- ii) to exchange your personal information on an ongoing basis with credit bureaus in order to protect you, ensure the completeness of the information and maintain the integrity of the credit granting system;
- iii) to co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect you and us from fraudulent transactions; and
- iv) disclose your personal information where necessary to protect your interests, and ours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_