



Dear Applicant,

Thank you for your interest in **INS Market**. Should you wish to proceed with the application process, please complete and return the attached application to farhanabsar@thedavisgroup.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 **INS Market** franchise.

Our receipt of a completed franchise application from you does not mean that you have been approved or accepted as an INS Market franchisee, nor does it obligate either you or the Franchisor 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 **INS Market** franchise, only successful applicants will be contacted.

Thank you again for your interest in **INS Market**. We are looking forward to meeting you in person.

Farhan Absar

Vice President of Franchise Development

The Davis Group

INS Market, Pure Health, Treats Café, Kindling Cannabis

*Head Office: 701 - 130 Queens Quay East,
East Tower, Toronto, ON, M5A 0P6*

Office: (905)826-0862 ext. 270

Direct: (647) 919-0645

Fax: (905) 826-2105

www.insmarket.ca





CONFIDENTIAL FRANCHISE APPLICATION

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Please Print or Type

Name Of Applicant: _____ Social Insurance Number(optional): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: (____) _____ - _____ Bus Tel:(____) _____ - _____ Cell: (____) _____ - _____

Email: _____ Date of Birth: _____ Marital Status: _____

Spouse's Name (if married): _____ #of Dependants: _____

How long are you at this address? _____

Last Grade Completed/college/School : _____

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PREFERENCES:

1st Preference: City: _____ Province: _____

2nd Preference: City: _____ Province: _____

3rd Preference: City: _____ Province: _____

Are you willing to operate a Franchise in a location not listed above? Yes No

Are you interested in a Master Franchise or Area Development? Yes No

Please specify area: _____



Please provide at least two reference of each:

PERSONAL REFERENCES (NOT RELATIVES)

1.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

2.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

EMPLOYMENT REFERENCES

1.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

2.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

CREDIT REFERENCES (BANKS, TRUSTS, OTHERS)

1.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

2.Name: _____ Relationship: _____ Telephone: _____
 May we contact this reference? Yes No

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CURRENT ANNUAL INCOME (ALL SOURCES)

HOW MUCH DO YOU EXPECT TO EARN, INITIALLY, FROM YOUR BUSINESS?

The following table will help you find out your "net worth". Please complete.

ASSETS		LIABILITIES	
CASH ON HAND & BANK	\$ _____	NOTES PAYABLE TO BANK(S)	\$ _____
NOTES DUE TO ME (RECEIVABLES)	\$ _____	NOTES & ACCOUNTS PAYABLE	\$ _____
CASH VALUE ON INSURANCE(S)	\$ _____	LOANS ON LIFE INSURANCE	\$ _____
REAL ESTATE	\$ _____	REAL ESTATE MORTGAGE (yearly)	\$ _____
STOCK AND BONDS	\$ _____	UNPAID TAXES	\$ _____
CASH VALUE OF CAR(S)	\$ _____	OTHER LOAN(S)	\$ _____
MISCELLANEOUS	\$ _____	MISCELLANEOUS	\$ _____
TOTAL ASSETS		TOTAL LIABILITIES	\$ _____

NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES) =

INDICATE INVESTMENT AND WORKING CAPITAL AVAILABLE:

\$50,000 \$75,000 \$100,000 \$125,000 \$150,000 OR MORE

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1. Date that you will be available to open the business?

2. Will you be operating the business on day-to-day basis? YES NO If NO, who will be operating owner?

3. In the absence of primary operator, who will be responsible for day-to-day operations?

4. Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or are you currently involved in a criminal proceeding or law suit? YES NO If yes, give details:

5. Have you ever been self-employed? YES NO If yes, please provide details:

6. Do you now or have you ever owned a food service OR retail merchandise operation?
YES NO If yes, please state details:

7. Do you now or have you ever had experience in sales or retail distribution such as franchising?
YES NO If yes, please state details:

8. How did you become interested in our franchise?

9. Why do you think our franchise will be successful in your area/location?

10. Will you be purchasing the business with assistance of other investors? YES NO If yes, please list partners and their anticipated role:

11. Do you have any judgment(s), lien(s) or suit(s) pending? YES NO If yes, please explain:



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We appreciate the time and effort you have put into the completion of this form and welcomes applications from all sectors of the community regardless of gender, marital status, disability, ethnic origin, race, color, nationality, sexual orientation, religion or belief.

Please sign below to indicate that the facts you have given are true to the best of your knowledge and belief and may be used by INS Market to assess your application and carry out such checks as are required to verify your information and your suitability as an extended licensee. You agree that you will notify us of any material changes to this information in writing and understand that omission or misrepresentation of information in this form may result in your removal from the INS Market program.

Signature _____

Date _____

Yours Truly,
The Franchise Team