

Confidential Application



Head Office & Administration  
Mozart School of Music Corp.  
150B-6540 Burlington Avenue  
Burnaby, BC V5H 4G3 Canada  
Phone: 1-888-MOZART-0

**PLEASE PRINT OR TYPE. ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL.**

Name: \_\_\_\_\_ Social Insurance No.: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

**PLEASE LIST BELOW ANY SECONDARY, POST SECONDARY OR PROFESSIONAL QUALIFICATIONS**

Qualification obtained: \_\_\_\_\_ Institution \_\_\_\_\_

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Other Relevant skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS BUSINESS EXPERIENCE**

Present/Most Recent:

Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Job Description: \_\_\_\_\_

Part-time  Full Time Dates with Company: From \_\_\_\_\_ To \_\_\_\_\_

Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Job Description: \_\_\_\_\_

Part-time  Full Time Dates with Company: From \_\_\_\_\_ To \_\_\_\_\_

Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Job Description: \_\_\_\_\_

Part-time  Full Time Dates with Company: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever owned a business?  Yes  No

If yes provide details: \_\_\_\_\_

Other business affiliations (Officer, Director, Partner, etc.): \_\_\_\_\_

Do you view this as a part-time or full-time business? \_\_\_\_\_

Why would you be interested in a Mozart School of Music Franchise?  
\_\_\_\_\_

Why do you believe would make you successful in operating a Mozart School of Music franchise? \_\_\_\_\_

How did you become aware of Mozart School of Music Corp.? \_\_\_\_\_

**FINANCIAL DETAILS**

Assets:

Cash on Hand: \_\_\_\_\_

Investments: \_\_\_\_\_

Real Estate (Homes) \_\_\_\_\_

Real Estate (Other) \_\_\_\_\_

Insurance cash value \_\_\_\_\_

Other \_\_\_\_\_

Liabilities:

Credit Cards Payable \_\_\_\_\_

Bank Loans Payable \_\_\_\_\_

Mortgage Payable (Home) \_\_\_\_\_

Mortgage Payable (Other) \_\_\_\_\_

Other Payable \_\_\_\_\_

TOTAL            TOTAL

Your Bank(s) \_\_\_\_\_

Bank Address(es) \_\_\_\_\_

Do you have the initial requirements to open your Franchise?  Yes  No

If no, how will you obtain the initial investment requirements? \_\_\_\_\_

Should your application be successful:

When would you like to start your franchise? \_\_\_\_\_

What would be your preference of territory?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned hereby certify that the information contained herein is a true and accurate representation of my personal and financial position. I authorize Mozart School of Music Corp. to obtain information on my credit record or financial position from any credit reporting agency, financial institution, solicitor, notary, real estate agent, employer or any person with whom which I maintain or am likely to maintain business relations. This information is to be used for the sole purpose of determining my candidacy for a franchise approval. This application does not bind either myself or the licensor in any way.

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

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