

**CHEMKLEEN ENVIRONMENTAL SOLUTIONS INC.  
FRANCHISE APPLICATION**

**INTRODUCTION**

THE PURPOSE OF THIS FRANCHISE APPLICATION IS TO PROVIDE INFORMATION TO CHEMKLEEN FOR A PRELIMINARY EVALUATION OF THE APPLICANT(S) BACKGROUND AND QUALIFICATIONS. COMPLETION OF THIS APPLICATION IS IN NO WAY BINDING UPON EITHER THE APPLICANT(S) OR CHEMKLEEN. IT IS UNDERSTOOD THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND THAT CHEMKLEEN RELIES ON THE ACCURACY OF THE INFORMATION GIVEN TO DETERMINE THE APPLICANT'S QUALIFICATIONS. IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY CHEMKLEEN OF ANY SUBSTANTIAL CHANGES IN THE INFORMATION SUBMITTED. ALL INFORMATION CONTAINED IS CONSIDERED CONFIDENTIAL. HOWEVER, IT IS UNDERSTOOD THAT CHEMKLEEN MAY VERIFY ANY REFERENCES OR INFORMATION INCLUDED IN THIS APPLICATION.

**PRINCIPAL APPLICANT INFORMATION**

NAME:	
SURNAME:	
SIN:	
DATE OF BIRTH:	
AGE:	
RESIDENTIAL ADDRESS:	
POSTAL ADDRESS (IF DIFFERENT):	
TYPE OF RESIDENCE:	
IF AT ABOVE ADDRESS LESS THAN FIVE YEARS, PLEASE PROVIDE FORMER ADDRESS(ES):	
GENDER:	
HOME TEL.:	
WORK TEL.:	
CELL:	
EMAIL:	

MARITAL STATUS:	
CITIZENSHIP AND WORK STATUS:	

**BUSINESS PARTNER INFORMATION (IF APPLICABLE)**

NAME:	
SURNAME:	
SIN:	
DATE OF BIRTH:	
AGE:	
RESIDENTIAL ADDRESS:	
POSTAL ADDRESS (IF DIFFERENT):	
TYPE OF RESIDENCE:	
IF AT ABOVE ADDRESS LESS THAN FIVE YEARS, PLEASE PROVIDE FORMER ADDRESS(ES):	
GENDER:	
HOME TEL.:	
WORK TEL.:	
CELL:	
EMAIL:	
MARITAL STATUS:	
CITIZENSHIP AND WORK STATUS:	
RELATION TO PRINCIPAL APPLICANT:	

**CURRENT AND FORMER EMPLOYERS/BUSINESSES (LIST MOST RECENT FIRST)  
 PRINT AND COMPLETE FOR YOU AND EACH BUSINESS PARTNER**

EMPLOYER/BUSINESS 1:	
DATE FROM:	
DATE TO:	
ADDRESS:	
PHONE NUMBER:	
SALARY RECEIVED:	
POSITION HELD:	
REASON FOR LEAVING:	
SUPERVISOR:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?	

EMPLOYER/BUSINESS 2:	
DATE FROM:	
DATE TO:	
ADDRESS:	
PHONE NUMBER:	
SALARY RECEIVED:	
POSITION HELD:	
REASON FOR LEAVING:	
SUPERVISOR:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?	

EMPLOYER/BUSINESS 3:	
DATE FROM:	
DATE TO:	

ADDRESS:	
PHONE NUMBER:	
SALARY RECEIVED:	
POSITION HELD:	
REASON FOR LEAVING:	
SUPERVISOR:	
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?	

**REFERENCES (PLEASE ALSO INCLUDE YOUR RESUME)  
PRINT AND COMPLETE FOR YOU AND EACH BUSINESS PARTNER**

NAME:	
COMPANY:	
PHONE:	
ADDRESS:	
RELATIONSHIP:	

NAME:	
COMPANY:	
PHONE:	
ADDRESS:	
RELATIONSHIP:	

NAME:	
COMPANY:	
PHONE:	
ADDRESS:	
RELATIONSHIP:	

**EDUCATIONAL INFORMATION****PRINT AND COMPLETE FOR YOU AND EACH BUSINESS PARTNER**

HIGH SCHOOL (INCLUDE CITY AND STATE/PROVINCE)	
DATES ATTENDED:	
DEGREE OBTAINED:	

COLLEGE/UNIVERSITY (INCLUDE CITY AND STATE/PROVINCE)	
DATES ATTENDED:	
DEGREE OBTAINED:	

DESCRIBE ANY SPECIAL TRAINING/CERTIFICATION:	
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**PRELIMINARY FINANCIAL INFORMATION****PRINT AND COMPLETE FOR YOU AND EACH BUSINESS PARTNER (ALL 4 SECTIONS)****ASSETS**

CASH ON HAND (CHECKING/SAVINGS):	
RETIREMENT/PROFIT-SHARING PLAN:	
NOTES/ACCOUNTS RECEIVABLE:	
MARKETABLE SECURITIES:	
LIFE INSURANCE (CASH VALUE ONLY):	
PRINCIPAL RESIDENCE OWNED:	
OTHER REAL ESTATE:	
AUTOMOBILES:	
EQUITY VALUE IN EXISTING BUSINESS:	
OTHER PERSONAL PROPERTY:	
OTHER ASSETS (SPECIFY):	
<b>TOTAL ASSETS:</b>	

**LIABILITIES**

MORTGAGE ON PRINCIPAL RESIDENCE:	
HOME EQUITY OR LINE OF CREDIT:	
AUTO LOANS:	
CREDIT CARDS (BALANCE OF ALL):	
OTHER LOANS:	
ACCOUNTS PAYABLE:	
ALL OTHER LIABILITIES:	
ALIMONY/CHILD SUPPORT (BALANCE):	
TAXES OWED:	
<b>TOTAL LIABILITIES:</b>	

**MONTHLY INCOME**

SALARY/WAGES:	
COMMISSION/BONUSES:	
RENTAL INCOME:	
INVESTMENT INCOME:	
BUSINESS INCOME:	
OTHER INCOME:	
<b>TOTAL INCOME:</b>	

**MONTHLY LIABILITIES**

MORTGAGE OR RENT (HOMESTEAD):	
MORTGAGE OR RENT (OTHER REAL ESTATE):	

INSURANCE/PROPERTY TAXES:	
AUTO LOAN/LEASE PAYMENT:	
CREDIT CARD PAYMENTS:	
ALIMONY/CHILD SUPPORT PAYMENT:	
LIENS/JUDGEMENTS:	
OTHER DEBT:	
<b>TOTAL MONTHLY LIABILITIES:</b>	

**BUSINESS EXPERIENCE AND PLANNING**

DO YOU HAVE A BUDGET AND BUSINESS PLAN FOR BECOMING A FRANCHISE? (IF YES, PLEASE PROVIDE AS A SEPARATE SHEET)	
WHY ARE YOU INTERESTED IN CHEMKLEEN?	
DO YOU INTEND TO DEVOTE YOURSELF FULL-TIME TO THE DAY-TO-DAY OPERATIONS OF THE BUSINESS?	
IF ANYONE IS NOT ACTIVELY ENGAGED IN THE BUSINESS, PLEASE EXPLAIN AND DETAIL HOW YOU WILL OVERSEE THE BUSINESS. (PLEASE PROVIDE AS SEPARATE SHEET)	
WILL YOUR BUSINESS PARTNER BE ACTIVE? (IF APPLICABLE)	
PLEASE FULLY EXPLAIN HOW THE BUSINESS PARTNERSHIP WILL BE STRUCTURED. (IF APPLICABLE)	
WILL YOUR FRANCHISE INVESTMENT COME FROM YOUR OWN CAPITAL? YOUR PARTNER'S CAPITAL?	

<p>HAVE YOU (AND IF APPLICABLE, PARTNERS, OFFICERS, DIRECTORS, OR SHAREHOLDERS) EVER DECLARED BANKRUPTCY OR REORGANIZED DUE TO INSOLVENCY? IF YES, PLEASE OUTLINE.</p>	
<p>HAVE YOU (AND IF APPLICABLE, PARTNERS, OFFICERS, DIRECTORS, OR SHAREHOLDERS) EVER BEEN CHARGED WITH A CRIMINAL OFFENSE? IF YES, PLEASE OUTLINE.</p>	
<p>ARE YOU INVOLVED IN ANY LAWSUIT, LITIGATION, ARBITRATION, OR BUSINESS DISPUTE? IF YES, PLEASE OUTLINE.</p>	
<p>PLEASE DESCRIBE WHY YOU ARE CONFIDENT THAT YOU CAN SUCCESSFULLY OPERATE A CHEMKLEEN FRANCHISE.</p>	

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

BY SIGNING THIS APPLICATION, I ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS CONFIDENTIAL APPLICATION, INCLUDING ANY ATTACHMENTS SUBMITTED THEREWITH. I AUTHORIZE CHEMKLEEN OR ITS AGENTS TO VERIFY THE DATA SUBMITTED, TO OBTAIN A CONSUMER CREDIT REPORT AND TO MAKE SUCH ADDITIONAL CREDIT, BACKGROUND, CRIMINAL OR CHARACTER CHECKS, OR REQUEST THE PROVISION THEREOF, THAT IT DEEMS NECESSARY OR ADVISABLE.

I FURTHER AUTHORIZE CHEMKLEEN OR ITS AGENTS TO CONTACT PRESENT OR PAST EMPLOYERS, SCHOOLS, FINANCIAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES AND ANY OTHER PERSON, FIRM, CORPORATION OR SOURCE. I AUTHORIZE ANY SUCH SOURCE TO PROVIDE CHEMKLEEN OR ITS AGENTS ALL INFORMATION CONCERNING MY EDUCATION, EMPLOYMENT, WORK HABITS, CHARACTER OR SKILL, CRIMINAL, LEGAL, AND CREDIT HISTORY.

CHEMKLEEN AGREES TO MAINTAIN ALL THIS INFORMATION COLLECTED IN A CONFIDENTIAL MANNER AND RESTRICT THE USE OF ANY INFORMATION CONTAINED OR OBTAINED IN CONNECTION WITH THIS APPLICATION FOR A CHEMKLEEN FRANCHISE. I AUTHORIZE CHEMKLEEN TO RELEASE TO PROSPECTIVE FINANCING SOURCES ANY INFORMATION CONCERNING ME THAT MAY BE REQUESTED BY THEM.



YOU HAVE THE RIGHT TO REQUEST DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION THAT WE WILL UNDERTAKE BY MAKING A REQUEST TO US IN WRITING. YOU ALSO HAVE THE RIGHT TO REQUEST A WRITTEN SUMMARY OF YOUR RIGHTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT TITLE 15, UNITED STATES CODE, SECTION 1681G(C) OR SUCH OTHER APPLICABLE LEGISLATION AS YOU MAY BE RIGHTFULLY ENTITLED TO.

**BY SIGNING THIS APPLICATION, I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.**

**PRINCIPAL APPLICANT:**

\_\_\_\_\_  
SIGNATURE                      PRINT NAME                      DATE

**PARTNER NO.1 [IF APPLICABLE]:**

\_\_\_\_\_  
SIGNATURE                      PRINT NAME                      DATE

**PARTNER NO.2 [IF APPLICABLE]:**

\_\_\_\_\_  
SIGNATURE                      PRINT NAME                      DATE

**PLEASE NOTE:** THIS APPLICATION IS NOT INTENDED AS AN OFFER TO SELL, OR AN OFFER TO BUY, A FRANCHISE. THE OFFER OF A FRANCHISE CAN ONLY BE MADE THROUGH THE DELIVERY OF A FRANCHISE DISCLOSURE DOCUMENT. CERTAIN STATES AND PROVINCES REQUIRE THAT WE REGISTER THE FRANCHISE DISCLOSURE DOCUMENT AND OTHER RELEVANT LEGAL DOCUMENTS THAT WE WILL PROVIDE TO PROSPECTIVE FRANCHISEES IN THOSE STATES AND/OR PROVINCES. MOREOVER, WE WILL NOT OFFER OR SELL FRANCHISES IN THOSE STATES AND/OR PROVINCES UNTIL WE HAVE REGISTERED THE FRANCHISE (OR OBTAINED AN APPLICABLE EXEMPTION FROM REGISTRATION) AND DELIVERED THE FRANCHISE DISCLOSURE DOCUMENT AND OTHER RELEVANT LEGAL DOCUMENTS TO THE PROSPECTIVE FRANCHISEE THAT COMPLIES WITH APPLICABLE LAW.