



**FRANCHISEE Pre-Qualification Questionnaire**

**Date Submitted:** \_\_\_\_\_

**Upon completion of the application form please email to [franchisesales@thegroutmedic.com](mailto:franchisesales@thegroutmedic.com)**

**The submission of this report and any related application materials does not obligate  
The Grout Medic or the Applicant in any way or manner.**

**PERSONAL INFORMATION**

Applicant Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State/Prov Zip/Post

Telephone: \_\_\_\_\_  
Home Work/Business Cell

Email: \_\_\_\_\_

Residence: Own  Rent  Other  How long have you lived at this residence? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Last First Middle

Number of minor dependants \_\_\_\_\_

Occupation of Spouse and Current Employer: \_\_\_\_\_

Please list any current illnesses/disabilities that may affect your ability to perform your duties? \_\_\_\_\_

Are you now, or have you been in the last 36 months, a Plaintiff or a Defendant in any type of litigation? (If yes, Please provide details): Yes No

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Have you ever been convicted of a criminal offence for which you have not received a pardon?    Yes   No  
(If yes, please provide details): \_\_\_\_\_

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Have you personally, or any company with which you were at the time associated, ever been involved in bankruptcy proceedings of any type? (If yes, please provide specific details, including why or why not this could have any impact on an investment in a Grout Medic franchise):

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In what geographical areas are you interested in operating?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EDUCATION**

Circle/Highlight last year completed:

High School:	9	10	11	12	13/OAC/GED
College/University:	1	2	3	4	(other)
Designation(s) or Degree(s) obtained:					

If University or College graduate, please provide name of the institution(s) and graduating year(s):

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Describe any training in sales, management or retailing and other relevant business training:

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**BUSINESS / WORK EXPERIENCE**

(Please provide your most recent position first. If additional space is required attach a separate sheet)

**Please advise us if you do not wish your present employer to be contacted.**

<b>Company:</b> _____	<b>Address:</b> _____
Type of Business: _____	Employed from: _____
Last Position: _____	Annual Salary: _____
Immediate Supervisor: _____	Telephone: (     ) _____
Describe duties, responsibilities and number of employees supervised and any other relevant employment information: _____	
<b>Company:</b> _____	<b>Address:</b> _____
Type of Business: _____	Employed from: _____
Last Position: _____	Annual Salary: _____
Immediate Supervisor: _____	Telephone: (     ) _____
Describe duties, responsibilities and number of employees supervised and any other relevant employment information: _____	
<b>Company:</b> _____	<b>Address:</b> _____
Type of Business: _____	Employed from: _____
Last Position: _____	Annual Salary: _____
Immediate Supervisor: _____	Telephone: (     ) _____
Describe duties, responsibilities and number of employees supervised and any other relevant employment information: _____	

Do you currently, or have you ever, owned or had a financial interest in any business venture? \_\_\_\_\_

Have you had any previous experience relevant to the grout restoration industry? \_\_\_\_\_

Will you have a business partner:            Yes      No

Name of partner(s)\* \_\_\_\_\_

**ADDITIONAL INFORMATION**

Why are you interested in joining The Grout Medic? \_\_\_\_\_

\_\_\_\_\_

What other business opportunities have you investigated? \_\_\_\_\_

How long have you been looking for a business opportunity? \_\_\_\_\_

\_\_\_\_\_

How would you define the term "franchising"? \_\_\_\_\_

\_\_\_\_\_

How would you describe the roles of the franchisor, the franchisee and their relationship? \_\_\_\_\_

\_\_\_\_\_

What things would you do to make your franchise successful? \_\_\_\_\_

\_\_\_\_\_

How many hours per week are you willing to devote to the business? \_\_\_\_\_

Are there any days of the week you are not prepared to work? \_\_\_\_\_

When would you be able to commence your new business venture? \_\_\_\_\_

Describe in your own words any factors which The Grout Medic may find useful in assessing your request for a franchise (i.e. interest, community involvement, business experience, etc.)

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Do you have a reliable source of financing to support the start-up phase?      Yes      No  
How much unencumbered cash do you have available for this investment? \_\_\_\_\_

**References**

**Please provide the names and contact information of three individuals we may contact**

Name	Address and Telephone	Position/Relationship

The following confidential information is provided to The Grout Medic in conjunction with the Applicant's franchise application. The submission of this report and any related application materials does not obligate The Grout Medic or the Applicant in any way or manner.

**PERSONAL FINANCIAL INFORMATION**

The following statements accurately reflect the financial position of the Applicant this \_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

ASSETS - List and Describe all Assets	
Cash (give banking details on Schedule 1)	\$
Stocks and Bonds and Marketable Securities (give details on Schedule 2)	\$
Other Receivables (Accounts, Loans and Notes) (give details on Schedule 3)	\$
Real Estate Owned (give details on Schedule 4)	\$
Retirement Accounts i.e., Registered Retirement Savings Plan	\$
Automobile(s)	\$
Other Assets (please provide details)	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

LIABILITIES - List and Describe all Liabilities	Balance Owning	Monthly Payment
Bank Loans (give details on Schedule 1)	\$	\$
Amounts payable (include alimony and child support and amounts owing to friends and relatives)	\$	\$
Credit Cards (please provide details)	\$	\$
Mortgages on Real Estate Owned (give details on Schedule 4)	\$	\$
Unpaid Income Tax and Other Tax Obligations	\$	\$
Other Debts (please provide details)	\$	\$
<b>Total Monthly Payments</b>		<b>\$</b>
<b>Total Liabilities</b>	<b>\$</b>	
<b>NET WORTH (Total Assets - Total Liabilities)</b>	<b>\$</b>	

Applicant's Employment Income	\$
Spouse's Employment Income	\$
Bonuses & Commissions	\$
Dividends, Investment and Other Income	\$

**Total Income:** \_\_\_\_\_

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

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

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