

CONFIDENTIAL FRANCHISE APPLICATION

Thank you for your interest in DermaEnvy Skincare™. To properly evaluate your application, please provide us with all necessary information, sign and return to us. Attach any additional information such as resume or letters of recommendation that you wish us to consider when evaluating your application. All information will be treated as confidential and does not obligate either party.

Thank you for taking time to complete and return your application.

DATE:			
PERSONAL INFORMATION: Name:			
SIN:			
Date of Birth:			
Address:			
City:			
Postal Code:			
Home Phone:			
Work Phone:			
Marital Status:			
Spouse's Name			
Spouse Citizenship:			
# of Dependants:			
Have you operated a franchise Y before? If yes, provide details:	N		
Have you ever been self Y employed? If yes, provide details:	N		
EDUCATION			
High School	Last Year Completed:		
College	Last Year Completed:		
University			
Major, Degrees, Other:			



PREFERED LOCATION/TERRITORY Preference #1 Preference #2 Preference #3 How did you hear about us? **SPECIFIC DATA** When would you be ready to invest in your DermaEnvy clinic if you were approved? Who will be responsible for the daily operation of your clinic? What skills/experience do you have that will help you be successful in this business? Why do you think this clinic will enable you to reach your personal goals? How much cash do you have available for investment in your clinic? Are you now, or have you ever been party to any lawsuit – either as defendant or plaintiff? If yes, provide details: Have you ever been convicted of Y N any criminal offense? If yes, provide details: Have you ever filed for Y N bankruptcy, when?

If yes, provide details:



EMPLOYMENT HISTORY

May we contact your current Y employer?	${f N}$
Company:	
Address:	
Telephone Number:	
Position	
Spouse's Employment History:	
Telephone Number:	
Position	
Please attach a current resume detailing	
FINANCIAL INFORMATION	
ASSETS	
Cash on Hand (Includes Savings and Ch	equing Account):
	<u> </u>
RSP's RESP, RIF:	
Other Assets:	
LIABILITIES	
Mortgage on your home:	
Loans:	
Car Loan:	
ASSETS - LIABILITIES = NET WORT	



REFERENCES:	
Name:	Tel Number:
Name:	Tel Number:
Name:	Tel Number:

I understand that the submission of this application does not obligate me or Wellness Brands Canada Inc. o/a DermaEnvy Skincare or affiliated companies and/or directors and shareholders in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that Wellness Brands Canada Inc. / DermaEnvy Skincare has the sole right to approve or disapprove the Application for any reason it may determine, and in the event that DermaEnvy Skincare disapproves the Application, DermaEnvy Skincare shall have no liability or ongoing obligations to me.

I certify that the information contained in this Application is accurate and complete. Wellness Brands Canada Inc. o/a DermaEnvy Skincare and/or directors and shareholders are authorized to investigate my background as it pertains to my qualifications. I further authorize Wellness Brands Canada Inc./ DermaEnvy Skincare to obtain a credit report and obtain any other information about my credit history as it deems necessary to evaluate my suitability as a potential DermaEnvy Skincare franchisee.

Print Name:	 	 	
Signature:	 		
Date:	 	 	

Please scan and email your completed application to franchise@dermaenvy.com