

FRANCHISE APPLICATION



SHORT DESCRIPTION

PROHIBITION IS THE PREMIUM CHOICE FOR ALL SMOKERS IN CANADA. WE TAKE PRIDE IN SUPPLYING A VAST SELECTION OF QUALITY SMOKING ACCESSORIES.

OUR BOUTIQUES SPECIALIZE IN RETAILING HIGH QUALITY SMOKING PRODUCTS, COUPLED WITH EXCELLENT CUSTOMER SERVICE AND AN INVITING AMBIANCE.

AT ANY GIVEN LOCATION YOU WILL FIND A SELECTION OF CUBAN CIGARS, ELECTRONIC CIGARETTES, HOOKAH PIPES, GLASS PIPES AND EVERYTHING IN BETWEEN.

HEAD OFFICE INFO

PROHIBITION INC.
910 RUE BÉGIN
SAINT-LAURENT, QUÉBEC
H4M 2N5
450-781-4818
HEADOFFICE@PROHIBITION.COM
WWW.PROHIBITION.COM



WELCOME

DEAR APPLICANT,

Thank you for your interest in a PROHIBITION franchise. The franchise application form will assist us in evaluating if you are a match to our business concept. The submission and acceptance of a questionnaire should not be construed as an approval or a future guarantee of becoming a PROHIBITION owner.

To become a PROHIBITION owner, there is a formal approval/meeting process that is undertaken with applicants who have been chosen, through the evaluation of their applications. We do not rank our applicants in numerical order nor base consideration on the length of time an application has been on file. At the time of conducting a search for a new franchisee, we select the most qualified applicant from the current applications on file, and the best match to our business concept.

Thank you for your interest in a PROHIBITION boutique.

Best regards,

Brian Demers

Vice President Operations and
Franchise Development



APPLICATION FORM

The following Application Form will help us determine if a PROHIBITION franchise is right for you. The information you provide will be treated in the strictest of confidence and completion of this form in no way constitutes a commitment to PROHIBITION nor a guarantee that a franchise will be awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, s/he should complete a separate application form and hand it in along with yours.

Thank you once again for your interest in a PROHIBITION boutique.

E-MAIL OR MAIL TO:

910 Rue Bégin
Saint-Laurent, Québec, H4M 2N5
450-781-4818 ext. 225
bdemers@prohibition.com

PERSONAL INFORMATION

M. MRS. MS. MX.

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Phone #:

Business #:

Email:

SIN#:

Driver's License #:

Date of Birth (DD/MM/YYYY):

LOCATION PREFERENCE

1) City:

Province:

2) City:

Province:

3) City:

Province:



EMPLOYMENT HISTORY

PRESENT EMPLOYER

May we contact your current employer? **YES** **NO**

Employed from:

Position:

Duties/Responsibilities

Company:

Phone #:

Supervisor's Name:

PREVIOUS EMPLOYER 1

May we contact your previous employer? **YES** **NO**

Employed from:

To:

Position:

Duties/Responsibilities

Company:

Phone #:

Supervisor's Name:

Reason for leaving:

PREVIOUS EMPLOYER 2

May we contact your previous employer? **YES** **NO**

Employed from:

To:

Position:

Duties/Responsibilities

Company:

Phone #:

Supervisor's Name:

Reason for leaving:



OTHER INFORMATION

Have you ever been self-employed? **YES** **NO**

If yes, in what type of business?

Have you ever declared bankruptcy? **YES** **NO**

Have you ever been involved in any type of civil litigation or been convicted of a crime? **YES** **NO**

If yes, please provide details:

From a business perspective, what would you say are your greatest:

Strengths?

Weaknesses?

List any hobbies, community activities & special interests:

YOUR COMMITMENT

What annual income (after expenses) do you hope to generate from your business?

How much time will you spend at your franchise? **FULL TIME** **PART TIME (SPECIFY HRS/WK)**

If you have any partners in the business, will they be active in the day-to-day operations? **YES** **NO**

Will friends, family or associates be helping you? **YES** **NO** If so, who?

How will they help?:

YOUR ABILITIES

Why do you think you will succeed as a PROHIBITION franchisee?:

Why are you interested in a PROHIBITION franchise?:



GENERAL QUESTIONS

Will this franchise enable you to exploit your personal abilities and skills? If so, please explain how:

Will your family support you in this project? If so, please explain:

According to you, what will be your role as a franchisee?:

Do you think you have the personality required to be self-employed? If so, please explain:

Will you be able to manage your employees? If so, how will you proceed?:

What are your goals with this project?:

Short-term:

Mid-term:

Long-term:



FINANCIAL INFORMATION

INVESTMENT STRUCTURE

PRIVATE **SPOUSE** **INVESTOR** **GROUP** **FRIEND** **OTHER**

Details:

Will your partners be active in this business? **YES** **NO**

Will they be working full or part-time? **FULL** **PART**

How much money do you plan to initially invest in the business?

CREDIT REFERRAL

Credit card or past creditors:

1)

2)

Banking info:

Institution Name:

Account Number:

Branch address:

MONTHLY INCOME

Salary:

Spouse:

Other:

Total:

MONTHLY EXPENSES

Mortgage(s):

Credit card(s):

Loan(s):

Other:

Total:



FINANCE INFORMATION

FINANCIAL STATEMENT

Please do not combine (if applicable) non-spousal partner's financial information:

ASSETS

Cash on hand:

Securities (mutual funds, stocks, etc.):

Home (market value):

Other Real Estate:

Personal Property:

Business Interests:

Other Assets:

Total Assets:

LIABILITIES

Mortgage(s)/home:

Mortgage(s)/other:

Notes Payable:

Credit Card(s):

Operating Line(s):

Other Liabilities:

Total Liabilities:

NET WORTH (total assets - total liabilities)=

ATTENTION APPLICANT

The undersigned acknowledges that the statements and information provided in the attached franchise application form are truthfully set forth.

The undersigned further acknowledges that for the purposes of determining whether or not the undersigned would be a suitable PROHIBITION franchisee, an investigation may be made with respect to the information provided. As well as further information with respect to the undersigned's financial status, litigation history, criminal record history, educational credentials and employment history.

The undersigned hereby consents to PROHIBITION or its agents collecting and retaining such information and conducting further investigations with respect to such information. The undersigned can access his file and make changes to his information by submitting a written request to PROHIBITION.

Date: (dd/mm/yyyy):

Print Name:

Signature of applicant: