

# THE CHOPPED LEAF

CHEF DESIGNED SALADS

Making the world greener, one salad at a time.

## Franchise Application

*\*Print and fax or email this form back to us once completed. Contact information is supplied at the end of this form.*

### Contact Information:

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Birth date \_\_\_\_\_  
Business Number \_\_\_\_\_ Home Address \_\_\_\_\_  
Cell Number \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

### Business/Employment

Have you ever been a franchisee of another company?  Yes  No If yes, which company? \_\_\_\_\_

How did you become interested in a Chopped Leaf, and why? \_\_\_\_\_  
\_\_\_\_\_

Your involvement would be?  Full Time  Part Time  Investment Only

Have you ever filed for bankruptcy protection?  Yes  No If yes, identify discharge date: \_\_\_\_\_

List most current jobs:

Employer _____	Employer _____	Employer _____
Job Title _____	Job Title _____	Job Title _____
Date of Hire _____	Date of Hire _____	Date of Hire _____
Job Description _____ _____	Job Description _____ _____	Job Description _____ _____

Education:  University/College  Highschool Are you proficient in other languages?  Yes  No If so, please list them below: \_\_\_\_\_

References: Name _____	Name _____
Phone Number _____	Phone Number _____
Email _____	Email _____
Relationship _____	Relationship _____

*\*This form is not to be confused as an offer of a franchise, a commitment or a binding contract on either party.*



visit [www.choppedleaf.ca](http://www.choppedleaf.ca)

tel. 778.436.8102

fax. 250.450.6990

email. [info@choppedleaf.ca](mailto:info@choppedleaf.ca)