

FRANCHISE APPLICATION

APPLICATION FOR AN ICHIBAN SUSHI FRANCHISE 250 Shields Ct. Unit 5, Markham ON L3R 9W7

I INTRODUCTION

The purpose of this Ichiban Sushi franchise application is to provide information to Ichiban Sushi Inc. 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 Ichiban Sushi Inc. It is understood that the information provided is accurate to the best of the applicant's knowledge and that the Company relies on the accuracy of the information given to determine the applicant's qualifications. It is the applicant's responsibility to notify the Company of any substantial changes in the information submitted. All information contained is considered confidential. However, it is understood that Ichiban Sushi Inc, may verify any references or information included in this application.

II PERSONAL INFORMATION

Name of Applicant	Birth Date
Marital Status	Name of Spouse
Address	City/Province
Postal Code	Home Phone
Business Phone	Business Fax
Business Address	City/Province
Postal Code	

If at above address less than five years, please provide former address(es):

Are you a Canadian Citizen? Ye	es No If not, what is your stat	tus?
Are you or any business you ow If yes please explain.	n a defendant in any legal action? Yes] No 🗌
Have you ever filed bankruptcy	? Yes No If yes please expla	in
Have you had any liens or final j business vou own? Yes N	udgments filed against you personally or a o If ves please explain	ny property or business
EDUCATIONAL RECO	ORD APPLICANT	SPOUSE
High School		
Last Grade Completed		
College/University		
Degree		
Year Completed		
EMPLOYMENT RECO		SPOUSE
CURRENT FIRM		
Phone Number		
Address		

Address	 	
City/Province	 	
Postal Code		
Position Held	 	
Present Salary		
Date Started	 	
Job Duties	 	

V FINANCIAL INFORMATION

Statement of Financial Conditions a	as of	20	
Source of Income			
Salary	\$	_	
Bonus, commission	\$	_	
Dividends, interest	\$	_	
Real estate income	\$	_	
Other income (itemize)	\$	_	
Total Income	\$	_	
• •			
Assets		Liabilities	
Cash-chequing account	\$		\$
Cash-savings account	\$	Mortgages	\$
Money due you	\$	Other	\$
Marketable securities	\$		\$
Real estate-principal residence	\$		\$\$
Real estate-other	\$		
Automobiles	\$		
Other			
	<u>~</u>		
	\$		
	\$	Net Worth	
TOTAL	\$	TOTAL	\$

If needed, note assets in the above statement you plan to convert into cash to purchase an Ichiban Sushi franchise:

VI OTHER PRINCIPAL AND MANAGEMENT

Investor-Associates who will join you in this venture. (Please have each individual fill out an application)

1.	Name	
	Address	
	Home Phone	
	Business Phone	
	% Ownership	-
2.	Name	
	Address	
	Home Phone	 -
	Business Phone	 _
	% Ownership	-

VII **MISCELLANEOUS INFORMATION**

- 1. Do you expect to devote your full-time attention to this business?
- 2. If not full-time, what percentage?
- 3. Will you employ a full-time manager?
- 4. When will you be able to start this venture?
- 5. Are you related to any officer, director or employee of Ichiban Sushi Inc. or a franchisee?
 - Yes 🗌 No 🗌 If yes please explain
- 6. Do you or your employer have a business relationship and supply goods or services to Ichiban Sushi Inc.? If yes please explain
 - Yes No
- 7. Was any special promise made to you in connection with this application? Yes No 🗌 If yes please explain
- 8. Will you be operating this franchise as a corporation or partnership? Yes No 🗌 If yes, please include full busir s name and address or corporation or partnership and explain

VIII GEOGRAPHIC AREA OF INTEREST

First Choice	
Second Choice	
Third Choice	

IX ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE

The submission of this application does not obligate either the applicant or Ichiban Sushi Inc. in any manner, nor does it imply there is any legal commercial relationship Applicant hereby certifies that the information contained in this franchise application including the financial statements and any additional pages submitted are true and correct and complete and that Ichiban Sushi Inc. may consider this statement as continuing to be true, correct and complete until a written notice of any change is given Ichiban Sushi Inc.

Applicant hereby certifies that the information supplied on the financial statement and any other financial statement submitted on other forms has been prepared in accordance with generally accepted accounting practices and is a true, correct and complete exhibit of applicant's financial condition as of the date of the signing of this application and that applicant agrees to update such financial statements should there be any change reducing the liquidity and/or the net worth as stated.

Further, Ichiban Sushi Inc. and its agents are authorized to make any and all inquiries as it deems necessary to verify the accuracy of the information contained in this application and financial statements made, and may conduct any additional background and financial investigation as it deems necessary.

Applicant, for him/herself and on behalf of any partners or shareholders, hereby agrees to hold Ichiban Sushi Inc., its parent, subsidiaries, affiliated, directors, officers, employees, and agents harmless and indemnify each of them from any and all claims, liabilities, damages, expenses, including legal fees and costs which may arise or in any way be connected with information supplied by applicant or others, including the verification by Ichiban Sushi Inc. and its agents of any such information.

Date	•
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Name:

Signature

It is the policy of Ichiban Sushi Inc. to make no discrimination in granting franchise because of race, colour, religion, age, sex, ancestry, national origin or marital status, or the presence of a disability or handicap that is not related to operating an Ichiban Sushi House Restaurant.

Ichiban Sushi Inc. Office: 250 Shields Ct. Unit 5, Markham ON L3R 9W7 Phone: (905) 477-0500 • Fax: (905) 477-0575 Email: Info@IchibanSushi.net