

Request For Consideration

The filing of this application does not obligate the applicant to purchase, or the franchisor to sell a franchise. Please print clearly or type.



PERSONAL:

Applicant Name _____
Home Address _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Home Phone(_____) _____ Fax Phone(_____) _____ Cel(_____) _____
Email Address _____ Citizen of _____

CO-APPLICANT: (complete only if a co-applicant)

Applicant Name _____
Home Address _____ City _____
State/Province _____ Zip/Postal Code _____ Country _____
Home Phone(_____) _____ Fax Phone(_____) _____ Cel(_____) _____
Email Address _____ Citizen of _____

BUSINESS INFORMATION:

Self Employed: Description _____
 Employed By: Company _____ No. Years _____
Income from present occupation \$ _____ Other Income _____

FINANCIAL INFORMATION:

Would this business be your sole source of income? Yes No
Own home or rent? Own Rent Mortgage \$ _____
Your Total Assets \$ _____ Your Total Liabilities \$ _____ Your Net Worth \$ _____
Amount of cash available for investment \$ _____ Do you have a financing source? Yes No
If qualified, when would you be ready to invest in your Franchise? _____
Will you be the sole owner of this business? Yes No If no, partner(s) name _____

GENERAL INFORMATION:

Who will operate the restaurant? _____
Have you ever failed in a business, filed for bankruptcy or had pending or threatened lawsuits against you? If yes, explain:

I confirm that the information contained in this application is accurate and complete to the best of my knowledge. I hereby authorize Jugo Juice International Inc., or its authorized agent, to verify any of the above information. It is understood that the purpose of this evaluation report is to assess the viability of the applicant as a Jugo Juice franchisee. I understand that the granting of a franchise is at the sole discretion of the Franchisor. I agree and understand that the Franchisor, and its authorized agent, may be restricted by local franchise laws from providing representations of sales volume and profitability. Additionally, I understand the Franchisor may require me to pass a standardized Math and English exam, unless I fall under one of the exemptions set forth in the Franchisor's Offering Circular. All information I receive is confidential and property of Jugo Juice.

Date of Completion _____

Applicant Signature _____

How did you first hear about the Jugo Juice Franchise? _____

**FAX BACK THIS SINGLE PAGE TO JUGO JUICE HEAD OFFICE (403) 207-5875.
YOU WILL RECEIVE A RESPONSE WITHIN 1 TO 5 BUSINESS DAYS. THANK YOU.**

INITIAL INVESTMENT

INITIAL INVESTMENT ESTIMATE			
Expenditure	Estimated Range	When Payable	To Whom Paid
Franchise Fee	\$25,000	upon execution of Franchise Agreement	Franchisor
Equipment and Signage ¹	\$62,000 to \$74,000	as required	various parties
Leasehold Improvements and Fixtures ²	\$108,000 to \$175,000	as required	various parties
Development Costs ³	\$21,000 to \$35,000	as required	Franchisor
Opening Inventory	\$5,000 to \$8,000	prior to opening	Franchisor and/or its authorized suppliers
Working Capital ⁴	\$7,000 to \$15,000	prior to opening	on deposit
Advertising costs ⁵	\$3,000	prior to opening	various parties
Insurance costs ⁶	\$1,400	prior to opening	insurance agents
Professional fees (accountant, legal, business advisors)	\$1,000 to \$3,000	as required	appropriate professionals
TOTAL ESTIMATED INITIAL INVESTMENT FOR NEW LOCATION	\$233,400 to \$339,400		