

FRANCHISE APPLICATION



The information you provide is confidential. Completing this form in no way constitutes a commitment to Rebuild Response® Group or that a franchisee applicant will be automatically awarded. You must be an existing general contractor or builder for approval. You may be requested to provide references after application submission. If you plan to have a business partner or investor, they need to complete a separate application form and submit it along with yours.

Please complete the following form and submit via email to:

franchise@rebuildresponse.com

OR deliver it to:

Rebuild Response 8125 HWY 62 Foxboro, ON KOK 2B0

Thank you for your interest in partnering with Rebuild Response®.

1-800-390-4902 www.rebuildresponse.com



Full Name:					
Address:					
City:			Provinc	ce:	Postal Code:
Personal Phone:		Bus	iness Pł	none	:
Business Fax:		Bus	iness W	'ebsit	e:
Business Name:					
Date of Birth:	Citizenship:				
Most recent educational institution:			Deg	ree/C	Diploma:



If applicable, list any other active partners in your business:
Specify how you learned about our franchise opportunity (ex: social media, website, franchisee, etc.):
Have you or any company you have owned declared bankruptcy? If yes, please provide details.
Have you ever been involved in any type of civil litigation or criminal offence? If yes, please provide details.



What are your greatest strengths professionally?				
What are your greatest c	hallenges profes	sionally?		
How long has your company b	peen in business?	How ma	ny residential builds per yea	ır?
Do you build commercial	structures? [Do you bui	ild multi-unit structures?	
Annual gross revenue:	Current capital:		Tarion Certificate #:	
How long have you been	licensed with Ta	rion Warra	anty / HCRA?	
Have you ever had any Ta	arion Warranty / I	HCRA claiı	ms against you?	



Do you have a line of credit or cash flow to cover \$250,000 CAD at any time?			
Specify which territories you are interested	in by order of preference:		
1. 2.			
What are your expectations by owning a Rebuild Response® franchise?			
After expenses, what is the annual income y	ou hope to generate?		
Why do you think you will succeed as a Reb	ouild Response® franchisee?		



Why are you interested in a Rebuild Response® franchise?
Explain a situation where you hired, trained, and/or motivated team members and why you believe you are a strong leader?
To ensure success, what would you do to promote your business?



Assets	
Cash:	
Securities:	
RRSP's:	
Notes & loans receivable:	
Market value of house:	
Value of business:	
Other (specify):	
Total Assets:	
Which assets do you intend	to use to meet the cash requirements?



Liabilities	
Bank loan:	
Notes payable:	
House mortgage:	
Credit card balance:	
Other real estate loans:	
Other (specify):	
Total Liabilities:	
Credit card(s) or margin of c	redit held and limit(s):



Current Monthly Net Income		
Salary:		
Spouse's salary:		
RRSP's:		
Other (specify):		
Total Monthly Income:		
Current Monthly Net Expenses		
Rent / Mortgage:		
Utilities:		
Vehicle(s):		
RRSP:		
Other (specify):		
Total Monthly Expenses:		



Financial References

Full Name:			
Company:			
Phone:			
Relationship:			
Full Name:			
Company:			
Phone:			
Relationship:			
Additional comme	ents:		



I hereby certify that all information provided in this application is true and correct as of the date below. I authorize REBUILD RESPONSE®, its affiliates, or its agents to conduct any necessary credit checks. I hereby waive my right conferred upon me by the stature or otherwise regarding any disclosures obtained by REBUILD RESPONSE®, its affiliates, or its agents. I understand that any false information or consequential omission contained in this application would cause immediate terminations of any subsequent agreement reached between myself and REBUILD RESPONSE®. The submission of this application does not obligate me or REBUILD RESPONSE® in any way or manner.

Date:	Name (print):
Signature:	