



Please fax in or e-mail completed forms.  
f: (905) 731-4846 e: info@melonhead.ca

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## PERSONAL INFORMATION:

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LAST NAME:..... FIRST:.....

CONTACT NUMBER:..... E-MAIL:.....

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## BUSINESS EXPERIENCE:

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## RETAIL EXPERIENCE:

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DO YOU NOW, OR HAVE YOU EVER OWNED OR HAD AN INTEREST IN A RETAIL OR SERVICE-ORIENTED BUSINESS? YES  NO

IF YES, PLEASE STATE DETAILS .....

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## FRANCHISE EXPERIENCE:

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ARE YOU RELATED TO ANY OFFICER, DIRECTOR, EMPLOYEE, OR FRANCHISEE OF MELON-HEAD? YES  NO

IF YES, PLEASE STATE RELATIONSHIP AND POSITION .....

WILL YOU HAVE ANY BUSINESS PARTNERS? .....

TO WHAT EXTENT WILL YOU BE INVOLVED IN THE DAILY OPERATIONS:

NONE  MINIMAL  FULL TIME

HOW OR FROM WHOM DID YOU LEARN OF THE MELONHEAD FRANCHISE PROGRAM?

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## GEOGRAPHIC AREA OF INTEREST:

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LOCATION PREFERENCES: 1ST CHOICE:.....

2ND CHOICE:.....