



# GUAC Franchise Application

## Contact Information

First Name:

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Last Name:

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Phone Number:

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Email Address:

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Current Occupation:

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## Location Information

Where would you like to operate your Guac Mexi Grill store?

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City of Desired Location (add multiple if it is):

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Province/State of Desired Location:

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Country of Desired Location:

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Is this where you currently reside?

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**Additional Information**

How did you hear about Guac?

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I have a net worth of at least

\$ \_\_\_\_\_

I am interested in 1 store 2-5 stores 6-10 stores 10+ stores:

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Have you ever pursued or been involved in a franchise opportunity?

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If so, which brands?

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Have you or any of your partners operated multiple retail or food stores?

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If so, what type of retail/food?

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Explain relevant experience that can support the operations and development of Guac Mexi Grill stores.:

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Fill this form and email it to:

[guacmexigrill@yahoo.com](mailto:guacmexigrill@yahoo.com)

[info@guacmexigrill.ca](mailto:info@guacmexigrill.ca)