



GUAC Franchise Application

Contact Information

First Name:

Last Name:

Phone Number:

Email Address:

Current Occupation:

Location Information

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

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

Province/State of Desired Location:

Country of Desired Location:

Is this where you currently reside?

Additional Information

How did you hear about Guac?

I have a net worth of at least

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

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

If so, which brands?

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

If so, what type of retail/food?

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

Fill this form and email it to:

franchising@guacmexigrill.ca