



PROHIBITION

FRANCHISE APPLICATION

| Head Office Info
| Prohibition Inc
| 1533, boul. Curé-Labelle
| Laval, Québec
| H7V 2W4
| 450-781-4818
| headoffice@prohibition.com
| www.prohibition.com



| Short Description

Prohibition is the premium choice for all smokers in Canada. We take pride in supplying a vast selection of quality smoking accessories.

Our boutiques specialize in retailing high quality smoking products, coupled with excellent customer service and an inviting ambiance.

At any given location you will find a selection of Cuban cigars, electronic cigarettes, hookah pipes, glass pipes and everything in between.



PROHIBITION
SMOKING ACCESSORIES

PROHIBITION FRANCHISE APPLICATION FORM

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WELCOME

| Dear applicant,

Thank you for your interest in Prohibition franchise. The franchise application form will assist us in evaluating a match to our business concept. The submission and acceptance of a questionnaire should not be construed as an approval or a future guarantee of becoming a Prohibition owner.

To become Prohibition owner, there is a formal approval/meeting process that is undertaken with applicants who have been chosen, through the evaluation of their applications. We do not rank our applicants in numerical order nor base consideration on the length of time an application has been on file. At the time of conducting a search for a new franchisee, we select the most qualified applicant from the current applications on file, and the best match to our business concept.

A full franchise package (including a break even analysis and financial statements) is provided only once a candidate is approved, a letter of intent signed and a deposit submitted. Projections are available prior to a candidate being short-listed.

Thank you for your interest in a Prohibition boutique.

Best regards,



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| APPLICATION FORM

The following Application Form will help us determine if a Prohibition franchise is right for you. The information you provide will be treated in the strictest of confidence and completion of this form in no way constitutes a commitment to Prohibition nor a guarantee that a franchise will be awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, s/he should complete a separate application form and hand it in along with yours. Thank you once again for your interest in a Prohibition boutique.

E-MAIL OR MAIL TO:
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| PERSONAL INFORMATION

M. Mrs. Ms. First Name: _____ Nom: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business: _____

Email: _____

Social Insurance Number: _____

Drivers licence: _____

Date of birth (DD/MM/YYYY): _____

| LOCATION PREFERENCE

1) City : _____ Province : _____

2) City : _____ Province : _____

3) City : _____ Province : _____



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| EMPLOYMENT HISTORY

Present employer

May we contact your current employer? Yes No

Employed from: _____ to: _____ Position: _____

Duties / Responsibilities: _____

Company: _____ Telephone #: _____ Supervisor's name: _____

Previous employer 1

May we contact your previous employer? Yes No

Employed from: _____ to: _____ Position: _____

Duties / Responsibilities: _____

Company: _____ Telephone #: _____ Supervisor's name: _____

Reason for leaving: _____

Previous employer 2

May we contact your previous employer? Yes No

Employed from: _____ to: _____ Position: _____

Duties / Responsibilities: _____

Company: _____ Telephone #: _____ Supervisor's name: _____

Reason for leaving: _____



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| OTHER INFORMATION

Have you ever been self-employed? Yes No

If yes, what type of business? _____

Have you or any company you have owned ever declared bankruptcy? Yes No

Have you ever been involved in any type of civil litigation or criminal offence? Yes No

If yes for any of the above, please provide details:

From a business perspective, what would you say are your greatest...

Strengths? _____

Weaknesses? _____

List any hobbies, community activities & special interests:

| YOUR COMMITMENT

What annual income after expenses do you hope to generate from your business? _____

How much time will you spend at your franchise? Full time Part-time (Specify hours/week) _____

If you have partners in the business, will they be active in the day-to-day operations? Yes No

Will friends, family or associates be helping you? Yes No

If so, who? _____

How will they help? _____

| YOUR ABILITIES

Why do you think you will succeed as a Prohibition franchisee?

Why are you interested in a Prohibition franchise?



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| GENERAL QUESTIONS

Will this franchise enable you to exploit your personal ability and skills? If so, please explain:

Will your family support this project? If so, please explain: _____

According to you, what will be your role as a franchisee?

Do you think you have the personality required to be self-employed? If so, please explain:

Will you be able to manage your employees? If so how will you proceed?

What are your goals with this project?

Short-term : _____

Mid-term : _____

Long-term : _____



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| INVESTMENT STRUCTURE

Private Spouse Investor Group Friend Other

Details: _____

Will your partners be active in this business?

Yes No

Will they be working full or part-time?

Full Part

What level of income do you expect/require to draw from this business per year?

| CREDIT REFERRAL

(Credit card or past creditor(s))

1) _____

2) _____

Bankname: _____

Account number: _____

Store : _____

Address : _____



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| MONTHLY INCOME

Salary : _____ Spouse : _____ Other : _____

Total : _____

| MONTHLY CURRENT PAYMENTS

Mortgage(s): _____

Credit card(s): _____

Loan payment(s): _____

Other : _____

Total : _____

| FINANCIAL STATEMENT

Please do not combine (if applicable) non-spousal partner's financial information.

<u>ASSETS</u>	(\$)
Cash on hand: _____	
Securities (mutual funds, stocks, etc.): _____	
Home: (market value) _____	
Other Real-Estate : _____	
Personal Property: _____	
Business Interests: _____	
Other Assets: _____	
Total Assets: _____	

<u>LIABILITIES</u>	(\$)
Mortgages / home: _____	
Mortgages / other: _____	
Notes Payable: _____	
Credit Cards: _____	
Operating Line: _____	
Other Liabilities: _____	
Total Liabilities: _____	

NET WORTH (total assets - total liabilities) _____



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| Attention Applicant

The undersigned acknowledges that the statements and information provided in the attached franchise application form are truthfully set forth.

The undersigned further acknowledges that for the purposes of determining whether or not the undersigned would be a suitable Prohibition franchisee, an investigation may be made with respect to the information provided. As well as further information with respect to the undersigned's financial status, litigation history, criminal record history, educational credentials and employment history.

The undersigned hereby consents to Prohibition or its agents collecting and retaining such information and conducting further investigations with respect to such information. The undersigned can access his file and make changes to his information by submitting a written request to Prohibition.

Date (DD/MM/YYYY): _____

Print Name: _____

Signature of Applicant: _____