



Advanced Foot Care Nurse and Wellness Franchise Application

Thank you for your interest in joining the Advanced Foot Care Nurse and Wellness franchise network!

We are excited to consider your application to become a part of our team, committed to providing top-tier foot care and wellness services.

Franchisee Information

Full Name:

[_____]

Contact Information:

- Phone Number: [_____]

- Email Address: [_____]

- Mailing Address: [_____]

- City: [_____]

- Province/State: [_____]

- Postal/ZIP Code: [_____]

Professional Qualifications:**

Professional Designation (RN, RPN, LPN, etc.): [_____]

- Years of Experience in Foot Care: [_____]

- Additional Certifications: [_____]

- List any previous business/franchise ownership experience: [_____]

Location and Territory

Desired Location for Franchise:

- City: [_____]

- Province/State: [_____]

- Specific Area (if any): [_____]

****Territory Preference:****

- Open to Discussion []

- Specific Territories in Mind: [_____]

Financial Information

****Proof of Funds:****

Must have available funds for the franchise fee (\$5999.99 plus HST) and your initial operating costs.

Business Plan:

- What are your short and long term plans?

[_____]

[_____]

[_____]

Mobile Foot Care [_____]

Clinic Office [_____]

****Acknowledgement of Fees:****

- Franchise Fee: \$5999.99 plus Harmonized Sales Tax (HST)

- Monthly Royalty Fee: 9% of total sales

- Please acknowledge by initialing: [_____]

Agreement and Signature

I, [_____], hereby declare that the information provided in this application is true and complete to the best of my knowledge. I understand that this application is not a guarantee of franchise approval and that Advanced Foot Care Nurse and Wellness reserves the right to request additional information as needed. I agree to the franchise fee and royalty fee as stated and commit to uphold the standards and practices of Advanced Foot Care Nurse and Wellness if awarded a franchise.

****Signature:**** [_____]

****Date:**** [_____]

Application Submission

Please complete all sections of this application and attach any required documents. Submit your completed application and attachments to:

Email: ****** janis@advancedfootcarenursewellness.com

For any inquiries regarding the application process, please contact our Franchise Development Team at the email above or call Jewel at 226-363-0476

Thank you for your interest in joining our network. We look forward to the possibility of working with you to expand premium foot care and wellness services to more communities.