



Thank-you for your interest in the WINE KITZ franchise business.  
To get our approval process started, we ask that you complete this questionnaire. This information will help both of us decide if the WINE KITZ business is right for you.

Your Name \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

What city or market are you interested in? \_\_\_\_\_  
Are you planning to operate the business personally, full time ? \_\_\_\_\_

Would you consider yourself to be passionate about wine ? \_\_\_\_\_  
What are your favourite wines ? \_\_\_\_\_  
Do you make your own wine now? \_\_\_\_\_  
If so, where ? \_\_\_\_\_

Do you have experience in any of the following areas:  
Business Management \_\_\_\_\_  
Retail Operations \_\_\_\_\_  
Customer Service \_\_\_\_\_  
Staff Training \_\_\_\_\_

Have you ever owned a franchised business ? \_\_\_\_\_  
If so, what business/brand ? \_\_\_\_\_

How much unencumbered cash do you have available to invest in the WINE KITZ franchise business ? \_\_\_\_\_

Why is WINE KITZ the right business for you and your family ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about WINE KITZ franchising ? \_\_\_\_\_  
\_\_\_\_\_

Once complete, please mail, email or fax this form to:  
Wine Kitz Atlantic Limited, 18 Betty Dr, Dartmouth, Nova Scotia, B2W 6J6  
Fax (902) 462-0053 or blairsampson@accesswave.ca