



Mondo Gelato Application for Retail Stores

- Flag Ship Store
- Retail & Production
- Retail Only
- Kiosk
-

Store Location Applying For	Other Locations Sought
Social Insurance (Security) Number	

Personal Information (Corporate Application MUST be Completed by a Principal of the Company)

Surname		Given Name(s)	
Address until	No.	Street	Tel.
	City	Province/State/Country	Postal Code
E-mail			
Permanent Address (if different from above)	No.	Street	Tel.
	City	Province/State/Country	Postal Code
E-mail			
Are you legally eligible to own a business? Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you accept other store locations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
When are you available to start?		Preferred Location(s) 1. 2. 3.	

Education

High School, Post Secondary starting with most recent	Faculty, Department, Division, or School	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

Highlight your educational experiences relevant to owning a Mondo Gelato store. Include awards and scholarships.

Experiences and Accomplishments

Describe your work experiences relevant to owning a Mondo Gelato store. Include awards and accomplishments.

Extracurricular Activities

Describe your extracurricular activities including offices held, volunteer experience, memberships in clubs or organizations, leadership roles, sports activities, hobbies, etc. (You are not required to mention the names of organizations that indicate race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, political beliefs or disabilities).

Work Experience

Describe all work experience (paid and unpaid) starting with most recent.

Position		Name of Organization	<input type="checkbox"/> Owner <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
City	Province/State	Dates	
Duties:			
Position		Name of Organization	<input type="checkbox"/> Owner <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
City	Province/State	Dates	
Duties:			
Position		Name of Organization	<input type="checkbox"/> Owner <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
City	Province/State	Dates	
Duties:			
Position		Name of Organization	<input type="checkbox"/> Owner <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
City	Province/State	Dates	
Duties:			

Spouse / References

Given Name(s)			Surname			<input type="checkbox"/> Spouse		
Address						<input type="checkbox"/> Business Partner		
Telephone Number						<input type="checkbox"/> Friend		
						<input type="checkbox"/> Co-Worker		
						<input type="checkbox"/> Other: (specify)		
Position			Name of Organization			<input type="checkbox"/> Business Partner		
City			Province/State			<input type="checkbox"/> Friend		
Duties:			Dates			<input type="checkbox"/> Co-Worker		
						<input type="checkbox"/> Other: (specify)		
Position			Name of Organization			<input type="checkbox"/> Business Partner		
City			Province/State			<input type="checkbox"/> Friend		
Duties:			Dates			<input type="checkbox"/> Co-Worker		
						<input type="checkbox"/> Other: (specify)		
Position			Name of Organization			<input type="checkbox"/> Business Partner		
City			Province/State			<input type="checkbox"/> Friend		
Duties:			Dates			<input type="checkbox"/> Co-Worker		
						<input type="checkbox"/> Other: (specify)		

Financial

Demonstrate your FINANCIAL CAPABILITY to own a Mondo Gelato store. Include available investment and operating capitals and sources of funds.

I understand that any omission or misrepresentation with respect to this information may be cause for denial of consideration for owning a Mondo Gelato.

Date

Signature