



Potential Partnership Questionnaire (Established Healthcare Operator)

General Information

Name:		
Business Name:		
Address:		
City/Town:	Prov:	Postal Code:
Tel:	Cell:	Email:

Business Operations & Partnership Expectations 1. What role do you envision playing in this partnership? (Select all that apply) ☐ Day-to-day management ☐ Financial oversight ☐ Strategic planning ☐ Marketing & business growth 2. What is your vision for the new company over the next 5 years? ☐ Expansion opportunities ☐ Revenue goals □ Scalability 3. Are you comfortable structuring profit-sharing or other revenue arrangements with a third-party operator if needed? (Select one) ☐ No, I want to be the **main partner/operator** with CFLLB. ☐ Yes, I am open to being a **minority shareholder** in the new corporation. 4. Are you comfortable signing a Non-Disclosure Agreement (NDA) and exchanging pertinent market and business information? ☐ Yes □ No Financial Considerations & Investment 5. Are you financially prepared to contribute to the business operations if necessary? (Select an option) □ \$5K □ \$50K □ \$10K □ \$100K+ 6. What financial resources do you bring to the table? (Select all that apply) ☐ Business assets ☐ Industry knowledge & expertise

☐ Existing revenue streams

7. Do you have any existing financial of to manage operations effectively?	obligations that might impact your ability
Risk & Commitment	
8. What level of commitment can you	ı dedicate to this partnership? (Select one)
□ Full-time	□ Advisory role
□ Part-time	□ Non partnership / Paid Consultant only role
9. Do you have any existing business affect your availability?	s partnerships or commitments that may

Additional Considerations

10. Do you know anyone else who may be interested in becoming a partner/operator and benefiting from the \$300,000 equity investment opportunity?