



## Applicant / Licensee Information - Confidential

The purpose of this instrument is to better understand you and your position as it relates to business ownership and operation. This information will not be used for any other purpose and will be kept in confidence. Please complete the form, save it on your computer, and email it back to us.

**Personal Information: (\* Required)** Date: \_\_\_\_\_

Your First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/Partner First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip/Postal: \* \_\_\_\_\_ How many years in zip code? \_\_\_\_\_

Please provide at least one phone number and the best time to call: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \* \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Your Education:  HS  AA  BA/BS  MS  PHD  Technical  Other \_\_\_\_\_

Spouse Education:  HS  AA  BA/BS  MS  PHD/MD  Technical  Other \_\_\_\_\_

**Current Job/Business Experience /Skills /Interest:**

Your Current Position: \_\_\_\_\_ Field: \_\_\_\_\_ Company: \_\_\_\_\_ Income: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Spouse/Partner Position: \_\_\_\_\_ Field: \_\_\_\_\_ Company: \_\_\_\_\_ Income: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Skills:** (select all that apply)  Direct Sales  Marketing  Financial  Management  Operations  
 Customer Service  Organizational  Teaching  Other \_\_\_\_\_

**Personal Interest:**  Children  Pets  Health  Home Furnishing  Travel  Beauty  
 Sports  Construction  Automotive  Baking  Other \_\_\_\_\_

**Have you or a family member ever owned a business?**  Yes  No

If Yes, Please Explain \_\_\_\_\_

**Future Business Plans:**

What attracts you to business ownership or being a licensee? \_\_\_\_\_

If so, why are you considering a change from employment at this time? \_\_\_\_\_

What is your preferred business location or, where is your current business? List city, state or region.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

Are you looking to relocate?  Yes  No If Yes, where? \_\_\_\_\_

Would you be involved in the business?\*  Part-time  Full-time  Absent Owner

Are you interested in a Curriculum License?  Yes  No Your Own Facility?  Yes  No

Are you interested in multiple licensed units or multiple curriculum licenses?  Yes  No

What is your current business status? LLC \_\_\_\_\_ S-Corp \_\_\_\_\_ C-Corp \_\_\_\_\_ Individual \_\_\_\_\_

Partnership \_\_\_\_\_ Other \_\_\_\_\_

Are you planning or do you have to have partners (friends/family) involved in the business?  Yes  No

Please Explain: \_\_\_\_\_

When do you want to start /open your new business or offer your new curriculum? \_\_\_\_\_

**Personality Traits:** There are no right or wrong answers and no High or Low Scores.

*Please select, the box closest to the following opposite traits that best describes you most of the time!*

**Example:** *If you are more Introverted than Extroverted select the box closest to Introverted; or  
If you are more Extroverted than Introverted select the box closest to Extroverted; or  
If you are equally Introverted and Extroverted select the box in the middle.*

Please only select one box for each of the opposite pair traits!

Introverted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extroverted
Unorganized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organized
Cautious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Taker
Indecisive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decisive
Intuitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analytical
Inflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adaptable
Merciless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compassionate
Planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spontaneous
Lives Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goal Oriented
Reactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proactive
Avoids Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likes Change
Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient
Unpersuasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Persuasive
Delegates Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Detailed
Avoids Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrives On Stress

Needs Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self Confident
Intolerant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tolerant
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works Independently
Passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggressive
Skeptic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Promoter

**Financial Information - for prospective *facility owners* only:**

**ASSETS** (please input dollars only and no comma's)      **LIABILITIES**

Cash on Hand in Bank		Notes Payable to Bank(s)	
Retirement Accounts (401K)		Notes Payable to Bank	
Securities		Credit Card Debt (total all cards)	
Accounts /Notes Receivables		Accounts /Notes Payables	
Real Estate Owned - Home		Real Estate Mortgages – 1 <sup>st</sup> Mortgage	
Real Estate Owned - _____		Real Estate Mortgages – Home Equity	
Real Estate Owned - _____		Real Estate Mortgages – Other	
Automobiles – _____		Automobile Debt	
Automobiles - _____		Automobile Debt	
Cash Surrender – Life Ins		Other Liabilities – _____	
Other Assets – _____		Other Liabilities – _____	
Total Assets		Total Liabilities	
<b>Total Assets – Total Liabilities</b>	<b>Equals</b>	<b>Net Worth</b>	

Have you ever had a personal or business bankruptcy?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are you a U.S. Citizen?  Yes  No    Are you Certified LiveScan fingerprinted?  Yes  No

Have you ever been convicted of a felony?  Yes  No    If yes, please describe:

\_\_\_\_\_

I certify that the information I have provided in this personal profile is true to the best of my knowledge. I further understand that this Profile Form is for the purpose of information only. It is not an offer to sell a franchise or business opportunity. This is not a contract.

Yes, I Agree

Signature: \_\_\_\_\_