



# Licensee Application

Name	Home Phone	
Residence	Business Phone	Mobile Number
City	E-mail Address	
State, Zip Code	Social Security Number	

### PERSONAL INFORMATION

Date of Birth	Names & Ages of Children (who will be involved in the franchise)	Marital Status
Total Dependents		Spouse's Name
Have you ever been convicted of anything other than minor traffic violations?		Has any judgment ever been entered against you? If yes, please explain.
Of which country are you a citizen?		
Will your spouse or children be involved in or own part of the franchise? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		Will you use your spouse's or children's assets to qualify for credit to operate the franchise?

### EDUCATION

Last Year of School Completed	Name of College and/or Postgraduate School	Degree(s)
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### BUSINESS EXPERIENCE

Present Occupation	Position	Dates Employed
Company	Address	

**Previous Business Experience (Give exact names, addresses and dates, and include last ten years, most recent first)**  
(Attach a separate sheet if necessary)

<b>1</b>	Dates Employed	Position	Company	Type of Business
Address		Name of Superior		Reason Left
Responsibilities				
<b>2</b>	Dates Employed	Position	Company	Type of Business
Address		Name of Superior		Reason Left
Responsibilities				
<b>3</b>	Dates Employed	Position	Company	Type of Business
Address		Name of Superior		Reason Left
Responsibilities				

**BUSINESS EXPERIENCE  
(Continued)**

Have you ever had a business failure? If so, please explain.

Have you ever declared personal bankruptcy? If so, please explain.

**PERSONAL FINANCIAL INFORMATION**

Attach or e-mail a current personal financial statement that has been prepared and signed by your accountant, and please provide your three most recently filed tax returns. Include information on any businesses that you have owned or operated, in whole or in part, within the last 5 years, including but not limited to any losses and outstanding debt from those businesses. Also include any contingent liabilities as co-maker, guarantor, lessee, mortgagee on contracts or for tax claims. Include your spouse's personal financial statement only if: (a) he/she will assist with franchise operations or have an ownership interest in it; or (b) his/her assets will be used to operate the franchise or will be necessary to qualify for credit.

**FACTORY COMPANY PRESIDENT**

Who will be the Factory Company President who will devote his or her full time to the management and operation of the Factory Company?

**PERSONAL REFERENCES  
(other than employers or relatives)**

Full Name	Phone	E-mail	Occupation	Years Known

**OTHER**

List any hobbies, community activities, special interests, or other pertinent information

**IF YOU CURRENTLY OWN YOUR COMPANY**

Name of Entity	Ownership
Address	City, State, Zip
Type of Organization (i.e., corporation, partnership, etc.)	Date Organized

Description of Current Operations. Attach current financial statement and last three years' year end statements (P&L and Balance Sheets) and tax returns for each entity that you currently own or have owned within the last 5 years.

List the Owners of Your Company and % Ownership by Each

Operating History (Past five years)

YEAR	VOLUME	PROFIT	# EMPLOYEES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF YOU CURRENTLY OWN YOUR COMPANY (Continued)**

Please provide names of bank(s) where accounts are carried or where credit is obtained:

<b>NAME</b>	<b>PHONE</b>	<b>CREDIT/ACCOUNT BALANCE</b>	<b>CONTACT NAME</b>

Has this company or any company controlled by you ever been bankrupt? If yes, please explain.

**TRADE REFERENCES**

(other than employers or relatives)

<b>COMPANY</b>	<b>ADDRESS</b>	<b>TRADE</b>	<b>CONTACT &amp; PHONE NUMBER</b>

I/We submit the foregoing information as my complete and true personal and financial condition as of the date shown below. I understand that my date of birth is being utilized to process S2A Modular LLC's ("S2A's") background check and to determine whether I/we are of legal age. S2A does not discriminate in the granting of franchises based on age, sex, race, creed, nationality or handicap of the applicant. S2A is requesting information relating to the applicant's spouse, marital status, and children for purposes of determining whether the applicant's family members will be actively involved in or own the franchise, or if such family members' assets will be used to qualify for the franchise or related credit. If you believe you would otherwise qualify for the franchise without the assistance of your family members' involvement, credit or assets, let us know, and do not provide information relating to your spouse or children. S2A may withdraw its consideration of this application at any time. This application and S2A's consideration of it is not a grant of a franchise to you or anyone and is not, and will not be used to support any oral or written agreement between S2A and anyone to grant a franchise. It is for informational purposes only. S2A grants franchises only after providing a prospectus to the applicant and by entering into written licensing agreements executed by a duly authorized S2A officer or director. S2A is authorized to contact any appropriate third parties or credit agencies to perform a background check and verify the accuracy of the information submitted herein and to retain such information for its records. I/we understand that S2A may request the completion of a professional profile assessment which can be taken online and used as part of their evaluation process. I/we understand that this application is not a binding contract or agreement and in no way obligates either S2A or the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Joint party if applicable)

\_\_\_\_\_  
Date

**CRIMINAL CONVICTIONS**

Have you or any entity you own or have owned in whole or in part ever been convicted of a criminal offense (not including minor traffic violations like speeding, but including more serious offenses like DUI)? Yes  No

Offense	Date (mm/dd/yyyy)	City, State	Sentence
1)			
2)			

**LEGAL PROCEEDINGS**

Have you or any entity you own or have owned in whole or in part ever been involved in any legal proceedings (civil)?

Yes  No

*(If insufficient space, provide on separate sheet.)*

1)
2)
3)

**REGULATORY PROCEEDINGS**

Have you or any entity you own or have owned in whole or in part ever been charged with an offense by any regulatory authority? Yes  No

Date (mm/dd/yyyy):	City, State:
Regulatory Authority:	Charges:
Outcome:	Date (mm/dd/yyyy):

**LICENSING/DISCIPLINARY PROCEEDINGS**

Have you ever been disciplined by a licensing body? Yes  No

If yes, please provide details:

**BANKRUPTCY**

Have you ever been involved in personal bankruptcy proceedings? Yes  No

Date (mm/dd/yyyy):	City, State:
Liabilities (\$):	Date of Discharge (mm/dd/yyyy):
Please provide details:	

Have you, or any entity you own in whole or in part, ever been involved in commercial bankruptcy proceedings?

Yes  No

Date (mm/dd/yyyy):	City, State:
Liabilities (\$):	Date of Discharge (mm/dd/yyyy):
Please provide details:	

*Provide additional information on criminal, regulatory, licensing or bankruptcy involvement, if applicable, on separate page*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Joint party if applicable)

\_\_\_\_\_  
Date