



FRANCHISE APPLICATION

Please fill out the attached application and financial statement(s) in their entirety. - An incomplete application will delay the process. For corporations (if formed), please also include company summary along with your Articles of Incorporation. We appreciate your personal interest in becoming a Sunbrook Academy Franchisee. Due to the nature of the process and application, Scallions Sunbrook Franchising adheres to a strict privacy policy. We assure you that your information will not be shared with any 3rd parties and that the information provided will be used for the sole purpose of determining your suitability of becoming a Sunbrook Franchisee.

Once completed, please return the Application and Current Personal & Corporate Financial Statement(s)

By Email to:

franchise@sunbrookacademy.com (Subject: Franchise Application)

Please note that Scallions Sunbrook Franchising may request an original copy of the application at any time during the screening or interview process along with the satisfactory completion of a National Finger Print Background Check (conducted by an approved vendor)

Scallions Sunbrook Franchising is located at

Sunbrook Franchising
6029 Professional Pkwy.
Douglasville, Ga 30134

FRANCHISE APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Street Address:		
City:	State:	ZIP Code:
E-mail Address:		
Own: ___ Rent: ___ (Please "X" one)	How long?	Number of Dependents:
Spouse Name:		Fax Number:
Daytime Phone:	Evening Phone:	Cell Phone:
EMPLOYMENT INFORMATION		
Current Employer:		How Long?
Employer Address:		Phone:
City:	State:	ZIP Code:
Position:		Annual Income:
Previous Employer:		
Employer Address:		Phone:
City:	State:	ZIP Code:
Position:		Annual income:
CORPORATE INFORMATION <i>IF YOUR CORPORATE STRUCTURE EXISTS</i>		
Company Name:		
Federal Tax ID:	Dun & Bradstreet #:	D/B/A:
Title:		
Address:		
City:	State:	ZIP Code:
Date of Incorporation:	Years in Business:	State of Incorporation:
CORPORATE OFFICERS (CORPORATION ONLY)		
Name:	Title:	% of Ownership:
Name:	Title:	% of Ownership:
Name:	Title:	% of Ownership:
EDUCATION		
"X" Highest Completed Level: High School: 1__ 2__ 3__ 4__ College: 1__ 2__ 3__ 4__ Masters __ PhD __		
High School:	Years:	Grade:
College/University:	Years:	Degree:
Other School:	Years:	Degree:
OTHER BUSINESS REFERENCES		
Name:		Title:
Company:		Phone:
Name:		Title:
Company:		Phone:
PERSONAL REFERENCES		
Name:		Relationship:
Company:		Phone:
Name:		Relationship:
Company:		Phone:

GENERAL INFORMATION

Are you currently subject to a non-compete agreement of any kind? (yes/no)
If yes, explain:
Have you even been convicted of a felony? (yes/no)
If yes, explain:
Are you a defendant in any law suits or legal actions? (yes/no)
If yes, explain:
Have you ever declared bankruptcy? (yes/no)
If yes, explain:
Are you a US citizen? (yes/no)
If not, what country?

DEVELOPMENT DATA

I am interested in a single location: (yes/no)		
I am interested in a multiple location: (yes/no)	How many?	
I wish to operate my business: (please "x") as an owner operator ___ owner investor ___ with my spouse ___ with partner ___ with children ___		
I plan to acquire my first location: (please "x") Within 6 months __ 7-12 months __ 13-18 months __ unsure __ other(_____)		
Please list your geographic interest below (metropolitan area description):		
First choice:	Second Choice:	Third Choice:
How did you hear about Sunbrook Academy?		
Who will be responsible for the daily operations of your business?		
Please list operator's experience:		
Company:	Position:	No of Years:
Company:	Position:	No of Years:
Company:	Position:	No of Years:
Are you currently involved with any childcare related franchise(s): (yes/no)		
If yes, please list company and position:		
Company:	Position:	No of Years:
Company:	Position:	No of Years:
Company:	Position:	No of Years:
Have you ever owned a franchised business? (yes/no)		
If yes, explain:		
Have you ever owned a similar business or obtained other hands-on related experience? (yes/no)		
If yes, explain:		

VERIFICATION

I certify that this information is correct. I have carefully read and submitted the foregoing information provided on the pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the data indicated. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Sunbrook Franchising, Inc. of said change(s) and unless Sunbrook Franchising, Inc. is so notified it may continue to rely upon the application and financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Scallions Sunbrook Franchising, LLC to make whatever credit inquiries it deems necessary in connection with this application and financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Scallions Sunbrook Franchising, LLC., any information that it may have to obtain in response to such credit inquiries.

Name of Applicant	Date
Signature of Applicant	

PERSONAL FINANCIAL STATEMENT

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
Cash on Hand and in Banks		Notes Payable to Banks	
Marketable Stocks & Bonds		Amounts Payable to Others	
Current Value of Partially Owned Real Estate		Loans on Partially Owed Real Estate	
Current Value of Wholly Owned Real Estate		Loans on Wholly Owed Real Estate	
Autos & Other Personal		Loans on Vehicles, Machinery, etc.	
Cash Value – Life Insurance		Credit Cards or Accounts Payable	
IRA/Keogh/401(k)		Liabilities of Business Ventures	
Other Retirement Plans		Taxes Owed	
Value of Stocks/Assets in Business Ventures		Other Liabilities (please itemize)	
Other Assets (please itemize):			
Total Assets		Total Liabilities	
Total Liabilities	-		
Net Worth			

SOURCES OF INCOME FOR YEAR END 20_____	
Applicant's Salary	
Spouse / Partner's Salary	
Dividends	
Real Estate Income	
Other Income – Please Itemize	
Total	

MONTHLY OBLIGATIONS		
Name of Lender	Current Balance	Monthly Payment
Total		

REAL ESTATE OWNED				
Address & Property Type	Title in Name Of	Market Value	Monthly Payment	Mortgage Balance

CORPORATE FINANCIAL STATEMENT (IF CORP EXISTS)

ASSETS	IN DOLLARS	LIABILITES	IN DOLLARS
Cash on Hand and in Bank		Notes Payable to Banks	
Marketable Stocks & Bonds		Amounts Payable to Others	
Current Value of Partially Owned Real Estate		Loans on Partially Owed Real Estate	
Current Value of Wholly Owned Real Estate		Loans on Wholly Owed Real Estate	
Autos & Other Personal		Loans on Vehicles, Machinery, etc.	
Cash Value – Life Insurance		Credit Cards or Accounts Payable	
IRA/Keogh/401(k)		Liabilities of Business Ventures	
Other Retirement Plans		Taxes Owed	
Value of Stocks/Assets in Business Ventures		Other Liabilities (please itemize)	
Other Assets (please itemize):			
Total Assets		Total Liabilities	
Total Liabilities	-		
Net Worth			

CORPORATE PROFIT & INCOME FOR YEAR END 20_____	
Gross Revenue	
Net Income	
Dividends	
Real Estate Income	
Other Income – Please Itemize	

MONTHLY OBLIGATIONS		
Name of Lender	Current Balance	Monthly Payment
	Total	

REAL ESTATE OWNED				
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