



The place to go to buy or sell a business

SUNBELT NEW FRANCHISE APPLICATION

Print or type all requested information. If you need more space, please use additional sheets of paper. Incomplete applications will not be processed. Once completed, please email it to Kelci Lanich at kelci.lanich@sunbeltnetwork.com or fax it to 216.674.0650.

PERSONAL

Name: _____

Address (Home): _____

Address (Work): _____

Telephone (Home): _____ (Work): _____

Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____

Driver's License Number: _____ State: _____

List any aliases you have used:

List all residential addresses, including counties, for the past 10 years:

Address: _____

County: _____ From(mm/yy) _____ To(mm/yy) _____

Address: _____

County: _____ From(mm/yy) _____ To(mm/yy) _____

IDENTIFY ANY RELEVANT LICENSES (E.G. SECURITIES, REAL ESTATE, INSURANCE, ETC.) WHICH YOU MAY POSSESS AND ATTACH A COPY OF EACH:

State _____ License Number _____

State _____ License Number _____

Have you ever been convicted of a criminal act? Yes _____ No _____

For purposes of this application, conviction includes, but is not limited to, having been either found guilty by a judge or jury or having plead guilty or no contest to any felony, misdemeanor or open-ended offense, including the case where the applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or if applicant had his/her civil rights restored, had a plea withdrawn or if applicant has been given probation, a suspended sentence or a fine, or if applicant has successfully completed a diversion program.

Set forth any and all convictions: Federal/State/County of _____

Felony or Misdemeanor (Circle)

Date (mm/dd/yyyy): _____

Crime: _____

Sentence or other disposition: _____

Are you, or have you ever been, a party to a lawsuit where the claim is/was \$10,000.00 or more?
Yes _____ No _____

(If yes, please explain in full) _____

Are you currently subject to any contract, order or other legal obligation that would restrict you in any way from working as a Sunbelt business broker in any location?

Yes _____ No _____

(If yes, please explain in full) _____

Have you ever filed for bankruptcy? Yes _____ No _____

(If yes, please provide date and briefly explain): _____

EMPLOYMENT HISTORY

Please provide employment information for the past 10 years, starting with your current employment. Please photocopy this page for each position held. Alternatively, you may attach your resume.

Position Held: _____ From (mm/yy): _____ To (mm/yy) _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Fax: _____

Type of business: _____

Immediate supervisor: _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

If no, why not? _____

If you are/were self-employed, or if your former employer is now out of business, please provide the name, address and telephone number of a verifying reference.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Check if address is: Residence _____ Business _____

IDENTIFY ANY SPECIAL KNOWLEDGE OR EXPERITSE YOU MAY POSSESS:

EDUCATION

Graduate or Professional University/College: _____

City: _____ State: _____

Year Graduated: _____ Degree(s); _____

Undergraduate University/College: _____

City: _____ State: _____

Year Graduated: _____ Degree(s); _____

High School: _____

City: _____ State: _____

Year Graduated: _____ Degree(s); _____

Relevant professional training completed:

1) School or Program: _____

Course Title _____ Year Completed _____

2) School or Program: _____

Course Title _____ Year Completed _____

3) School or Program: _____

Course Title _____ Year Completed _____

4) Other Education or Training: _____

OPENING INTENTIONS

In what city would you like to establish your Sunbelt office? 1st Choice: _____
2nd Choice: _____

When do you plan to open your office? _____

Do you live in the territory above? _____

Are you willing to travel for your initial training and continuing education? Yes or No

Please use the space below to summarize your personal goals and objectives in establishing your business: _____

PERSONAL FINANCIAL INFORMATION

<u>Assets</u>		<u>Liabilities & Net Worth</u>	
Cash In Banks (itemize)	\$	Mortgages Payable	\$
Notes & Accounts Receivable	\$	Other Notes Payable to Banks	\$
Marketable Securities	\$	Credit Cards Payable	\$
Cash Value of Life Insurance	\$	Other Liabilities	\$
Automobiles	\$		
Real Estate Owned	\$	Total Liabilities	\$
Personal Effects	\$		
Other Assets	\$	Net Worth	\$
Retirement Accounts	\$		
Total Assets	\$	Total Liabilities & Net Worth	\$

Sunbelt franchisees agree not to participate or accept employment in any business or own an interest therein, directly or indirectly, or own an interest in any corporation operating under any other name which is engaged in providing business brokerage services and which could be or is competitive with Sunbelt or its franchisees and licensees, and agrees not, without the written consent of Sunbelt, to own, operate or devote time to an other business enterprise which might, could or does in any way diminish the individual franchisee's time or availability to carry on and conduct the business pursuant to the terms of the agreement.

I HEREBY CERTIFY THAT ALL STATEMENTS AND INFORMATION IN THIS APPLICATION ARE TRUE AND COMPLETE, AND I UNDERSTAND THAT SUNBELT WILL RELY ON THE TRUTHFULNESS AND COMPLETENESS OF THE INFORMATION IN THIS APPLICATION IN DETERMINING WHETHER OR NOT TO ENTER INTO AN INDEPENDENT CONTRACTOR AGREEMENT WITH ME.

 (Type or Print Name) -----
Date

----- (Signature)

CONSENT AND AUTHORIZATION

I hereby authorize Sunbelt to obtain and verify updated information regarding me and my business, including but not limited to, credit reports, employment information, income records, background checks and motor vehicle records in form and content as Sunbelt may deem necessary in its sole discretion. If Sunbelt orders a consumer report with respect to me, upon my request, Sunbelt will inform me of the order and give me the name and address of the consumer reporting agency.

(Type or Print Name)

Date

(Signature)