



MONTESSORI  
KIDS UNIVERSE™

## FRANCHISE APPLICATION

### PERSONAL CONTACT INFORMATION

Last Name		U.S. Citizen yes____ no____
First Name		
Phone		
E-mail		
Address, City, State ZIP Code		

### EMPLOYMENT

<b>Present Employer</b>		Start Date:
(Employer will not be contacted) Address, City, State ZIP Code		
Phone		Responsibilities:
E-mail		
<b>Business Partner Employer</b>		Start Date:
Address, City, State ZIP Code		
Phone		Responsibilities:
E-mail		

### ASSETS & LIABILITIES

Assets		Liabilities	
Cash on hand & in US Banks (\$)		Mortgages (\$)	
Marketable Securities (\$)			
Accounts/Notes Receivable (\$)		Notes Payable (\$)	
Retirement Plans (\$)		Accounts Payable (\$)	
Real Estate (\$)		Credit Cards (Total balance) (\$)	
Are all properties listed above in the U.S.?	Yes____ No ____	Unpaid Taxes (\$)	
Life Insurance (Cash Value) (\$)			
Other Assets (\$)			
Total Assets (\$)		Total Liabilities (\$)	
Total Net Worth (\$)			

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## ADDITIONAL DATA

Will you have a partner?                      Have you ever filed for bankruptcy?                      Will this be your full time business ?  
 Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_                      Yes \_\_\_ No \_\_\_

What is your time frame for opening this business? \_\_\_\_\_  
 Why would you like to be in business for yourself? \_\_\_\_\_  
 Preferred Location: \_\_\_\_\_ Second Choice \_\_\_\_\_  
 How did you hear about Montessori Kids Universe Franchising? \_\_\_\_\_

By signing below, I certify that the information in this application is true and accurate, and I further understand that the information provided will be relied upon by Montessori Kids Universe Franchising (MKU). I agree to notify MKU promptly of any material changes to the information provided.

I understand that the granting of a franchise is at the sole discretion of MKU. I understand that I will not be approved to purchase a franchise if I fail to satisfactorily meet the pre-conditions established by the Franchisor.

I agree and acknowledge that acceptance of this application is not a granting of a franchise.

I understand that any information I receive from MKU, or from any employee, agent, or franchisee of MKU, is highly confidential. I agree to treat and maintain all Confidential Information as confidential, and will not, at any time, without the express written consent of MKU, disclose, publish, or divulge any Confidential Information to any person, firm, corporation or entity, or use any Confidential Information, directly, for my own benefit or the benefit of any person, firm, corporation or other entity.

## CUSTOMARY HOUSEHOLD EARNINGS

Annual Salary (\$)		Disclaimer: I submit the foregoing information as true and complete as of the date shown.	Signature
Investments (\$)			
Real Estate Income (\$)			Date
Other (\$)			
Total (\$)			