



FRANCHISE APPLICATION

Thank you for completing this Key West Inn Franchise Application! Enjoy the benefits of a membership with the security of a franchise.

So that we can process your application without delay, please thoroughly complete all of the following information:

I (the undersigned) certify that I am fully authorized to make this application on behalf of the proposed franchisee and to enter into any and all writings required of the proposed franchisee on its behalf. To the best of my knowledge all information set forth in this application has been accurately and completely provided, and that I will inform KWI of any material change in such information.

Signature: _____ Print Name: _____ Date: _____

KWI REQUIRES THE FOLLOWING ITEMS BE ATTACHED THIS APPLICATION:

- Resumes and personal financial statements for all principal owners of the franchise.
- A copy of the deed or lease evidencing the proposed franchisee's control of the site. (If unavailable at this time, please explain).
- Business Organization Documents:

<ul style="list-style-type: none"> General Partnership • Partnership greement 	<ul style="list-style-type: none"> Limited Partnerships • Limited Partnership Agreement • Certificate of Limited Partnership 	<ul style="list-style-type: none"> Corporations • Certificate or Articles of Incorporation • ByLaws of corporation
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- City or area map with the proposed unit site location marked.
- Ground level photos of proposed unit site (if available)
- Franchise Offering Circular Reciept, signed and dated on the day the KWI Offering Circular was received. (A copy of this receipt can be found at the very last page of the KWI Offering Circular)
- \$500 application fee.

INFORMATION ABOUT YOUR SITE/PROPERTY:

Address: _____

Intersection: _____ Phone: (____) _____ Fax: (____) _____

800 Number: (____) _____ Email Address: _____ Website: _____

Application Type: NEW Conversion Transfer County: _____ Number of Rooms: _____

Amenities:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

INFORMATION ABOUT YOU:

NAME OF FRANCHISEE: (Note: The franchisee must be the same as the title holder to the land or a long term lessee.)

Franchisee is a _____ (type of business organization), organized under the state _____.
(Copies of your appropriate business organization documents are required to be attached to this application.)

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www.keywestinnfranchise.com

OWNERSHIP OF FRANCHISE:

List of owners/Principals of Franchisee and their percentages of interest: (If franchisee is owned by another business organization, we will need a breakdown of the ownership of that entity as well.

NAME:

OWNERSHIP:

MANAGEMENT:

This site will be managed by:

Franchisee

Management Company, Name of Mgt Comp. _____

NOTE: Key West Inns provides management services, please indicate here if you would like more information on the structure of this service. Yes

CONTACTS:

Complete the following information on all owners of the franchisee and any other persons who you feel will be dealing with the operation of this property, i.e. management and operational personnel.

Full Name: _____ Nickname: _____ SS#: _____ - _____ - _____

Birthday: ___ / ___ / ___ Company Name: _____ Title: _____

Business Address: _____

Business Phone: (____) _____ Business Fax: (____) _____ Email Address: _____

Home Address: _____

Home Phone: (____) _____ Home Fax: (____) _____ Cell Phone : (____) _____

Full Name: _____ Nickname: _____ SS#: _____ - _____ - _____

Birthday: ___ / ___ / ___ Company Name: _____ Title: _____

Business Address: _____

Business Phone: (____) _____ Business Fax: (____) _____ Email Address: _____

Home Address: _____

Home Phone: (____) _____ Home Fax: (____) _____ Cell Phone : (____) _____

Full Name: _____ Nickname: _____ SS#: _____ - _____ - _____

Birthday: ___ / ___ / ___ Company Name: _____ Title: _____

Business Address: _____

Business Phone: (____) _____ Business Fax: (____) _____ Email Address: _____

Home Address: _____

Home Phone: (____) _____ Home Fax: (____) _____ Cell Phone : (____) _____

Thank you for taking the time to complete this application. Please allow 14 days/week for review.

We will contact you with your approval status .

Please forward it along with your \$500 application fee to the following address:

Neal B. Jackson • President

Key West Inns, Inc.

#1 Office Park Circle, Suite 101

Birmingham, Alabama 35223

Phone: 1-205-874-2006 • Fax: 1-205-879-1281 • Email: Neal@keywestinn.net

For more franchise info go to:

www.keywestinnfranchise.com