



Let us help you achieve the AmericInn Dream!

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## APPLICATION FOR AN AMERICINN FRANCHISE “CONVERSION HOTEL”



## APPLICATION INSTRUCTIONS AND CHECKLIST

**INSTRUCTIONS:** Please print out a copy of the application and answer all of the questions. If an item does not apply, please write "N/A" in the blank. Attach additional sheets if necessary to complete any questions. Sign the application and submit it, along with the following applicable items (A through M), to the Franchise Development Department at AmericInn.

**In order to process your Application, all questions must be answered completely and accurately and all applicable items listed below must be enclosed.**

**CHECKLIST:** The following applicable items (A through M) must be submitted with your application. Please check the appropriate box confirming the item has been attached.

- A. Fully executed Application
- B. Non-Refundable Application Fee: Include check in the amount of \$2,500 made payable to AmericInn
- C. Proof of Ownership of Hotel: Deed or purchase agreement
- D. Existing building plans including site plan, main floor plan, typical floor plan, exterior elevations and enlarged guestroom plans.
- E. Hotel financial statements for the most recent 2 years
- F. Most recent Quality Assurance Evaluation for the Hotel
- G. Release from existing Franchise (if applicable)
- H. Organizational Documents (including all amendments) for Applicant and each Principal, including general partners, managing members, controlling shareholders or similar direct and indirect controlling interests, as follows:
  - 1. Corporation: Articles of Incorporation
  - 2. Limited Liability Company: Articles of Organization, Operating Agreement, Member Control Agreement
  - 3. Limited Partnership: Certificate of Limited Partnership and Partnership Agreement
  - 4. General Partnership: Partnership Agreement
  - 5. Trust: Trust Agreement
- I. Financial Statements:
  - 1. If Applicant is an Individual, General Partnership, or Limited Partnership:
    - a. Personal financial statement for each principal or partner having a 20% or greater interest in the Applicant
    - b. Personal financial statement for all general partners regardless of ownership percentage
  - 2. If Applicant is a Corporation, Limited Liability Company, or Partnership:
    - a. Corporate financial statement
- J. Personal financial statement for each shareholder, member, or partner owning a 20% or greater interest in the Applicant
- K. Credit Check Authorization: Include fully executed Credit Check Authorization forms for all Principals with a 20% or greater ownership percentage (including those Principals that are entities)
- L. Copy of the most recent Quality Assurance Evaluation for all lodging properties that you or your affiliates currently own or manage and/or have owned or managed in the last 24 months
- M. If financing with a Loan, attach copies of all Loans or Loan Commitments

**I. HOTEL INFORMATION: The Applicant is required to own the Hotel and may not lease the Hotel from an affiliate or another party**

Current Hotel Name \_\_\_\_\_

Current Hotel Brand (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What Year was the Hotel Built \_\_\_\_\_

What Year was the Hotel Last Renovated \_\_\_\_\_

Date to Exit Existing Franchise \_\_\_\_\_

Expected Date to Open as an AmericInn \_\_\_\_\_

Total # of Parking Spaces \_\_\_\_\_

Total # of Guest Rooms \_\_\_\_\_ # of Standard Rooms \_\_\_\_\_ # of Suites \_\_\_\_\_

# of Stories \_\_\_\_\_ # of Meeting Rooms \_\_\_\_\_ Seating Capacity for Each \_\_\_\_\_

Pool  Indoor  Outdoor  None Exercise Room  Yes  No

Restaurant in Hotel  Yes  No Corridor Type (exterior, interior or both) \_\_\_\_\_

Other (explain) \_\_\_\_\_

**Hotel Ownership (Check One):**

- Owned by Applicant
- Under Purchase Agreement by Applicant
- Other (explain) \_\_\_\_\_

Operational Data	2009	2010	2011 YTD
ADR			
Occupancy %			
RevPAR			

**Attachments Needed:**

- Existing building plans including site plan, main floor plan, typical floor plan, exterior elevations and enlarged guestroom plans
- Hotel financial statements for the most recent 2 years
- Most recent Quality Assurance Evaluation for the Hotel
- Release from existing Franchise (if applicable)

**II. APPLICANT: The Applicant is the entity/individual who will own the Franchise. Your entity name may not contain the word AmericInn®**

Legal Name/Full Name of Franchise Applicant \_\_\_\_\_

- Individual / Sole Proprietor
- Limited Liability Company / Partnership
- Corporation
- General Partnership
- Limited Partnership
- To Be Formed
- Other (please specify) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State of Formation \_\_\_\_\_ Date of Formation (mm/dd/yyyy) \_\_\_\_\_

FEIN Number \_\_\_\_\_ Parent Company (if any) \_\_\_\_\_

**Attachments Needed:**

- Organizational documents (including all amendments) for Applicant

**III. APPLICANT'S REPRESENTATIVE: The Applicant's Representative is the individual who is authorized to be the Primary Contact for this Application and for the Franchise, if granted**

Full Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**IV. APPLICANT'S HOTEL MANAGEMENT: List the name of the management company or the individual who is currently or will be responsible for overseeing the day-to-day operations of the Hotel**

Individual's Name \_\_\_\_\_

Management Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Name of General Manager \_\_\_\_\_

**V. APPLICANT OWNERSHIP STRUCTURE: Provide a complete breakdown of the owners of the Applicant who will enter into the Franchise Agreement and who holds or will hold fee title to your AmericInn® (the “Principals”). If these Principals are other legal entities, you must include a breakdown of their underlying ownership. You must also provide the name and description/percentage of ownership interest of all individuals who own and/or control these entities. Copy this form as needed to provide multiple structures. See example.**

Examples:

Entity / Individual	Title	Ownership %
Jane Doe	An Individual	100%
Jack Frost, LLC		
- Jack Frost	Managing Member	50%
- George Frost	Member	50%
Jon Doe Family Trust		
- Jon Doe	Trustee	
- Sue Jones	Beneficiary	100%
ABC Corporation		
- Andy Anderson	President & Shareholder	50%
- Brad Anderson	Shareholder	40%
- Claire Anderson	Shareholder	10%

Entity / Individual	Title	Ownership %

**Attachments Needed:**

- Organizational documents (including all amendments) for each Principal listed in this Section V
- Financial Statement for each Principal listed in this Section V with a 20% or greater ownership percentage, and for any General Partner in a Partnership regardless of ownership percentage
- A completed Credit Check Authorization form for each Principal listed in this Section V with a 20% or greater ownership percentage, and for any General Partner in a Partnership regardless of ownership percentage.

**VI. FRANCHISING & HOTEL EXPERIENCE: Does Applicant or any of the Principals listed in Section V own or manage other hotels including AmericInn's?  Yes  No If Yes, please complete this section.**

Applicant / Principal	Hotel Name	City/State	% Owned

**Attachments Needed:**

- Copy of the most recent Quality Assurance Evaluation for all lodging properties that you or your affiliates currently own or manage and/or have owned or managed in the last twenty-four (24) months

**VII. BACKGROUND INFORMATION: Has Applicant or any of the Principals listed in Section V ever:**

- 1) Been the subject of a voluntary or involuntary bankruptcy filing or made an assignment for the benefit of creditors?  Yes  No
- 2) Had a receiver appointed over them?  Yes  No
- 3) Had a civil judgment against them?  Yes  No

If "yes" has been indicated for any of the questions 1-3 above, you must identify the person, court case number and outcome below.

Applicant / Principal	Date	Court Case #	Outcome

**VIII. PROPERTY IMPROVEMENT PLAN FINANCING: Please indicate how you plan to finance the Property Improvement Plan ("PIP") to the Hotel**

- Loan....If financing with a loan, please attach a copy of the loan commitment letter
- Owner Equity

**IX. CERTIFICATION AND BACKGROUND CHECK AUTHORIZATION (APPLICANT ENTITY):**

By signing below, the authorized representative of the entity listed in Section II of this Application (the "Applicant") certifies on behalf of Applicant that the information contained in this Application is true, accurate and complete as of the date signed. Applicant shall promptly supplement the information contained in this Application if there is any adverse change in the information provided.

Applicant authorizes AmericInn and its agents to conduct an investigation into Applicant's credit history and to verify any references and other financial and background information provided. Applicant authorizes the release of the information provided in this Application to AmericInn and to any background investigation agency retained by AmericInn. Applicant authorizes AmericInn and its agents to investigate the background of Applicant's owners including, but not limited to, employment history and performance, personal and professional references, educational history, licenses and information contained in public records, including, but not limited to, credit, criminal, motor vehicle data and workers compensation. Applicant hereby releases all persons, companies or other entities furnishing such information from liability and responsibility in connection therewith. Applicant further authorizes the ongoing procurement of the types of reports mentioned herein at any time during the term of the Franchise Agreement with AmericInn. A photocopy of this document may be substituted for the original.

Authorized by: \_\_\_\_\_  
(First) (Middle) (Last)

Its (title): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here to receive a copy of the Consumer Report obtained by the Company.

**CERTIFICATION OF INFORMATION AND AUTHORIZATION OF INVESTIGATION**

**Each Individual Providing Financial Information Must Complete and Sign This Form  
Please Read Carefully Before Signing**

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Other Names Used & Date Changed: \_\_\_\_\_  
(Including Maiden Name)

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Country: \_\_\_\_\_

Phone: Business: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Fax: Business: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Social Security/Social Insurance/Country Identification Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor crime?  Yes  No

If Yes, please explain. \_\_\_\_\_

What state, what county, what year? \_\_\_\_\_

Resident addresses for the past 7 years:

(Street)	(City)	(State)	(Zip Code)	From Mo./Yr.	To Mo./Yr.
(Street)	(City)	(State)	(Zip Code)	From Mo./Yr.	To Mo./Yr.
(Street)	(City)	(State)	(Zip Code)	From Mo./Yr.	To Mo./Yr.

By signing below, the individual listed above (“you”) hereby certifies that the information contained in this Application is true, accurate and complete as of the date signed. You agree to promptly supplement the information contained in this Application if there is any adverse change in the information provided.

You understand and agree, on behalf of yourself and, if you are an authorized representative of the Applicant entity listed in Section II, on behalf of the Applicant that:

- (a) The information in this Application is being submitted to AmericInn to be used by it and its agents to evaluate you for an AmericInn franchise. You understand and agree that AmericInn may and will act in reliance upon this information.
- (b) This Application is not binding upon either you or AmericInn. No franchise relationship is created by submission of this Application. AmericInn reserves the right to approve or deny this Application at any time up until a Franchise Agreement is signed by AmericInn. Any expenses you incur in purchasing a hotel and/or in renovating or operating your hotel are at your sole risk.
- (c) This Application is for a particular hotel. If your hotel changes, you must submit a new Application, along with a new Application Fee.

