



Let us help you achieve the AmericInn Dream!

AmericInn International, LLC
250 Lake Drive East
Chanhassen, Minnesota 55317
Phone: (952) 294-5000
Fax: (952) 294-5001
franchise@americinn.com

APPLICATION FOR AN AMERICINN FRANCHISE “NEW CONSTRUCTION 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 J), 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 J) 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 Land: Deed or purchase agreement
- D. Preliminary site plan showing the building and porte cochere footprint, setbacks, and parking area
- E. Copy of the market or feasibility study
- F. 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
- G. 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
 - b. Personal financial statement for each shareholder, member, or partner owning a 20% or greater interest in the Applicant
- H. 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)
- I. 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
- J. Loan Commitment: If the financing for the Hotel project is confirmed, please provide copies of all existing loans or loan commitments to finance the Hotel project

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

Address _____

City _____ State _____ Zip _____

Square Footage of Site: _____ Zoned for Hotel Development Yes No

Maximum Height Allowed by Zoning Code: Feet: _____ Stories: _____

Site / Development Restrictions? Yes No Please Explain _____

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

Other (explain) _____

Proposed Construction Start Date _____ Proposed Date of Opening _____

Site Ownership (Check One):

- Owned by Applicant
- Under Purchase Agreement by Applicant
- Other (explain) _____

Attachments Needed:

- Preliminary site plan showing the building and porte cochere footprint, setbacks and parking area
- Copy of the market or feasibility study

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 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

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. PROJECT BUDGET: Fill out Project Budget below or attach project cost information in generally the same format:

	Total Amount	Per Room Cost
Land Cost (Value Today)	\$ _____	\$ _____
Building Construction Cost & Site Work	\$ _____	\$ _____
Furniture, Fixtures & Equipment (FF&E)	\$ _____	\$ _____
Opening Supplies	\$ _____	\$ _____
Development (Soft Costs)	\$ _____	\$ _____
Other Costs (please specify)	\$ _____	\$ _____
	=====	=====
Total	\$ _____	\$ _____

IX. PROJECT FINANCING:

Is the financing for the Hotel project confirmed?

- Yes, provide copies of all existing loans or loan commitments to finance the Hotel project.
 No

Attachments Needed:

- Copies of all existing loans or loan commitments, if applicable

X. 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 site and/or in constructing, renovating or operating your hotel are at your sole risk.
- (c) This Application is for a particular site. If your hotel site changes, you must submit a new Application, along with a new Application Fee.

- (d) The \$2,500 Application Fee submitted with this Application is non-refundable (although if we approve the Application, the Application Fee will be credited against your Initial Franchise Fee).
- (e) If AmericInn approves your Application, you must execute an AmericInn® Franchise Agreement (including payment of the balance of the Initial Franchise Fee) within 90 days of AmericInn's approval letter to you. If you do not sign a Franchise Agreement within this time, the approval will be withdrawn and your Application Fee will be forfeited. If you then decide to continue with your project, you must complete a new Application and pay another Application Fee to AmericInn.

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening process. This may include an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application in connection with your application for a new construction franchise, conversion franchise, renewal franchise, or transfer of ownership change. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during the term of your franchise agreement with AmericInn. Upon timely written request to our Franchise Development Department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested in this Application are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

You authorize AmericInn and its agents to check your credit history and to verify any references and other financial and background information provided. You also authorize the release of the information provided in this Application to AmericInn and to any background investigation agency retained by AmericInn. You authorize AmericInn and its agents to investigate your background, 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. You hereby release all persons, companies or other entities furnishing such information from liability and responsibility in connection herewith. You further authorize 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.

Signature Date: _____

Printed Name

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