

**TMC
FRANCHISE
CORPORATION**

**CIRCLE K
FRANCHISE
APPLICATION**

Applying As:

Individual(s) / Sole Proprietor: _____

Corporation: _____

Limited Liability (LLC): _____

Limited Partnership: _____

General Partnership: _____

Other: _____

Specify if other: _____



TMC FRANCHISE CORPORATION FRANCHISE APPLICATION

We are seeking applicants who not only qualify financially, but also share our commitment to excellence. In order to properly evaluate your qualifications, it is necessary that you fill out this application as accurately and completely as possible. If you intend to operate the Franchise with another person or you want the income and assets of another person to be evaluated, that person must also submit a Franchise application. This information will be held in strict confidence by TMC Franchise Corporation and its affiliates, except to the release of information that is authorized on page 8 of this application.

Date: _____

PERSONAL DATA

Full Legal Name

Name: (Last) _____ (First) _____ (Middle) _____

Any other name by which you have been known? _____ (Details) _____

Principal Residence: (St.) _____ (City) _____ (State) _____ (Zip) _____

Home Telephone: _____ Business Telephone: _____ ext: _____ Cell: _____

Email: _____ Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Are you legally able to work in the United States? __ Yes __ No

Marital Status: __ Married __ Single __ Divorced Spouse's Name: _____

Number of Dependents: _____ Ages: _____

Home: __ Own __ Rent (If renting, name & phone number of landlord): _____

Former Residence (if less than 5 years at present address): _____

Last year of school completed:

High School: Name: _____ Location: _____

College: Name: _____ Location: _____ Grad. Yr.: _____ Degree: _____

Have you ever filed bankruptcy or had an involuntary petition of bankruptcy filed against you? __ Yes __ No

Date Filed: _____ Explain: _____

Have you ever been convicted of a felony? __ Yes __ No If yes, explain: _____

Have you ever been refused a bond? __ Yes __ No If yes, explain: _____

Are you involved in any legal proceeding (criminal or civil)? __ Yes __ No

If yes give details: _____

Military Service: __ Yes __ No Branch: _____ Highest Rank: _____

Date and Type of Discharge: _____

Special Training, Citations, Awards: _____

How did you first become aware of this Franchise Opportunity? _____

BUSINESS DATA

Present Employer: _____ How Long: _____ Salary: _____

Title/Responsibilities: _____

Do you have any previous convenience store experience? Yes No If yes, list: _____

Do you presently own a retail business? Yes No If yes, location & existing format: _____

Region in which you are interested: _____ (City) _____ (State)

Type of business entity:

Individual/Sole Proprietor Corporation Limited Liability (LLC) Limited Partnership General Partnership Other

Business Entity Name: _____ Federal Tax ID #: _____

Who will operate the business day to day? Self Spouse Son or Daughter Relative Other

Do you expect to devote your full time to this business? Yes No

Will you employ a full-time manager? Yes No

Do you currently hold any professional, technical or related training or licenses? Yes No

If yes, describe: _____

OPERATION OF THIS SITE (Attach additional sheets if applying for more than one site)

Do you have a site(s) identified? Yes No

Site Address: _____
(Street) (City) (State) (Zip) (County)

Site 2: _____
(Street) (City) (State) (Zip) (County)

Site 3: _____
(Street) (City) (State) (Zip) (County)

Site is currently Improved Unimproved

The Applicant Currently:

- | | |
|---|--|
| <input type="checkbox"/> Owns and operates
(Proof of ownership required) | <input type="checkbox"/> Leases and Operates
(Provide copy of Premises Lease) |
| <input type="checkbox"/> Owns but does not operate
(Proof of ownership required) | <input type="checkbox"/> Leases but does not operate
(Provide copy of Premises Lease) |
| <input type="checkbox"/> Intends to purchase | <input type="checkbox"/> Intends to lease |

If you are purchasing the site, do you currently have a purchase agreement? Yes No

(A copy of the purchase agreement must be provided in order for us to forward your application for approval)

If you are, or will be, leasing this site, please complete the following and attach a copy of the lease with all the amendments.

Landlord's Name: _____

Contact Name: _____ Phone Number: _____

Lease Expiration Date: _____

Renewal Options: _____

Renewal Expiration Date: _____

Do you own any Stocks, Bonds and/or Securities? Yes No If yes, complete schedule below.

Face Value-Bonds No. of Shares-Stocks	Description Indicate Those Not Registered In Your Name	Market Value

Do you own Real Estate? Yes No If yes, complete schedule below.

Description and In Whose Name Recorded	R/P/I	Value	Rent Received	Amt. of Insurance	Encumbrance-Mortgage or Contract		
	See Key Below				Amount	Terms & Maturity	To Whom Payable

R = Residence P = Personal I = Investment

Are you a co-signor or obligated to repay any other debts? Yes No If yes, complete schedule below.

Maker		Contract	Property Mortgaged	Terms and Maturity	Amount
Name	Address				

Do you carry Life Insurance? Yes No If yes, complete schedule below.

Name of Company	Beneficiary	If policies are assigned or subject to any agreement- describe	Face Amount	Cash Value	Loan

Are any assets held in a Trust? Yes No If yes, Revocable Irrevocable

Name of Trust:
Trustees:
List assets held in trust:
Percentage of total assets held:

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

**This section must be completed in full or include a separate financial statement.
Please see the application return checklist for items required to be submitted with this financial statement.**

**Are you completing the Personal Financial Statement online? __Yes __No
(If “No”, please be sure to submit a separate Personal Financial Statement)**

Assets		Liabilities	
Cash on hand and in banks		Notes payable to Banks-Secured	
US Gov. Securities (Schedule)		Notes payable to Banks-Unsecured	
Listed Securities (Schedule)		Notes payable to relatives	
Receivables-Good		Notes payable to others	
Other current assets-itemize		Accounts and bills due	
Total Current Assets		Income taxes	
Receivables-Doubtful		Other taxes and interest	
Mortgages & Contracts (Schedule)		Total Current Liabilities	
Business Assets			
Homesteads		Mortgage/ Homestead (Schedule)	
Other Real Estate Owned (Schedule)		Real Estate (Schedule)	
Automobiles		Other debts-itemize	
Personal Property			
Life Insurance Cash Value (Schedule)			
Unlisted Securities (Schedule)		Total Liabilities	
Due from relatives and friends			
Other assets-itemized		Assets – Liabilities = NET WORTH	
Total Assets			

SOURCE OF ANNUAL INCOME	ESTIMATE OF ANNUAL EXPENSES
Salary	Income Taxes
Bonus & Commissions	Other Taxes
Dividends	Insurance Premiums
Real Estate Income	Mortgage Payments
Other Income	Rent on Business Property
TOTAL	Other Expenses
	TOTAL

CONTINGENT LIABILITIES	
As endorser or comaker	
On lease or contracts	
Legal Claims	
Other contingent-Liabilities	
TOTAL	

Are any assets subject to any lien other than those described on schedules? __Yes __No If yes, complete below.

How will this project be funded?

You are not required to disclose income from alimony, child support, or maintenance payments if you do not wish to have it considered as a basis for financial qualification.

PREVIOUS EMPLOYMENT HISTORY (Last 10 Years)

Company: _____ Type of Business: _____
Address: _____ Name of Supervisor: _____
Key Responsibilities: _____ From: Mo/Yr _____ To: Mo/Yr _____

Company: _____ Type of Business: _____
Address: _____ Name of Supervisor: _____
Key Responsibilities: _____ From: Mo/Yr _____ To: Mo/Yr _____

LIST ALL BUSINESS INTERESTS

Company: _____ Type of Business: _____
Percentage of Ownership: _____ Role: _____ Years: _____

Company: _____ Type of Business: _____
Percentage of Ownership: _____ Role: _____ Years: _____

Company: _____ Type of Business: _____
Percentage of Ownership: _____ Role: _____ Years: _____

REFERENCES

Individual	Address	Phone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Professional	Address	Phone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any open lines of credit? Yes No

Line of Credit	Address	Phone	Credit Limit	Avail. Balance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Acknowledgement

The undersigned Applicant acknowledges that the information contained in this application and the supporting documentation supplied by the undersigned is provided for the purpose of determining the undersigned's suitability to operate a franchise and to evaluate my credit worthiness. I further understand that TMC Franchise Corporation is relying upon the above information as a material factor in considering the application, and represent that all information in the application is true, correct and complete as of the date hereof and the application does not omit any fact which would make the information furnished herein not misleading. I agree to inform you promptly of any material change in the above information or any subsequent information provided to you, and I will release all persons from any liability resulting from their furnishing to you true and accurate information. I understand that you reserve the sole right in your absolute discretion to approve or disapprove this application for any reason you may determine, and if you disapprove, you will have no liability to the undersigned.

Signature: (Applicant): _____ Date: _____



**TMC FRANCHISE CORPORATION
CERTIFICATE OF CORPORATION / PARTNERSHIP**

Legal Business Entity: _____

Date: _____

Site Address: _____
(Street) (City) (State) (Zip) (County)

Site 2: _____
(Street) (City) (State) (Zip) (County)

Site 3: _____
(Street) (City) (State) (Zip) (County)

State & Date of Formation: _____

Federal Tax ID#: _____

- Corporation
 - Limited Liability Corp. (LLC)
 - Limited Partnership
 - General Partnership
 - Other
- Specify if Other: _____

Officers

Shareholder ownership (name and percentage of each owner):

_____ %

_____ %

_____ %

_____ %

Who is authorized to sign Franchise agreement and loan documents on behalf of applicant?

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Each of the undersigned persons hereby certifies that the above representations are true and correct, certifies that attached to this Certificate are true and correct copies of the governing documents for the above named company. I/we acknowledge that TMC Franchise Corporation is relying on the statements made herein in connection with my/our application to enter into a Franchise Agreement with the company named above.

Signature _____

Printed Name _____

Signature _____

Printed Name _____

Signature _____

Printed Name _____

Signature _____

Printed Name _____

NOTE: GUARANTORS MAY NOT BE THE PRINCIPALS OF THE CORPORATE ENTITY WHO PURPORTS TO FILL OUT THIS CERTIFICATE. A COPY OF THE ARTICLES OF INCORPORATION AND A CERTIFICATE OF GOOD STANDING FROM THE STATE OF FORMATION MUST BE ATTACHED TO THIS FORM.



**TMC FRANCHISE CORPORATION
AUTHORIZATION**

RELEASE OF PERSONAL DATA & CREDIT HISTORY

In connection with my application for the granting of a franchise, I hereby authorize TMC Franchise Corporation, its employees, representatives, and agents, to contact any present or past employer, school, financial institution, law enforcement agency, military branch of service, reference or any other person, firm or corporation regarding my background and credit and financial condition.

I authorize and request any of the firms or persons contacted to provide all information concerning me and I hereby release said firms, institutions, and their agents and employees from all liability and responsibility from releasing this information. I understand such reports may contain information concerning my schoolwork, my work habits, character or skill, credit history or criminal history. TMC Franchise Corporation agrees to restrict the use of this information in connection with their evaluation of my application for a Circle K Franchise.

A photocopy of this Authorization may be accepted with the same authority as the original.

I authorize TMC Franchise Corporation to conduct such additional investigations into my background, as they may deem appropriate to qualify me as a TMC Franchise Corporation Franchisee.

I further authorize TMC Franchise Corporation or its agents, to release to prospective financial sources such financial and other information concerning me in their files as may be requested.

I certify that I have read and understand the foregoing, and the information on this application form is true and correct.

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____

Social Security: _____
(for I.D. purposes only)

Drivers License Number: _____
(for I.D. purposes only) (State)

Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____



TMC FRANCHISE CORPORATION
BANK AUTHORIZATION AND REFERENCE SHEET

Information Release

Permission is hereby granted to the establishment listed below to release the requested information to TMC Franchise Corporation.

Applicant

Company Name or Individual: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Signature: _____

Printed Name: _____

Date: _____

Bank Reference

Name: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Deposit Account #: _____

Loan Account #: _____