

# **CONFIDENTIAL**

## **QUALIFICATION REPORT**

### **FOR**

## **FRANCHISE APPLICANTS**



**AMERICAN DARTERS ASSOCIATION, INC.**  
1000 Lake Saint Louis Boulevard, Suite 325  
Lake Saint Louis, Missouri 63367  
Phone: (636) 625-8621  
Fax: (636) 625-8919

American Darters Assoc., Inc. will use this report to help evaluate your qualifications for a franchise.

**THIS IS CONFIDENTIAL INFORMATION AND IS NOT A CONTRACT**

Franchise Applicant - Name (First) (Middle) (Last)					Date of Birth	Social Security Number
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					Number of Children _____	
Applicant's Spouse - Name (First) (Middle) (Last)					Date of Birth	Social Security Number
<b>PRESENT ADDRESS</b>	Years and Months	Street Address	City	State	Zip Code	Telephone
<b>PREVIOUS ADDRESS</b>	Years and Months	Street Address	City	State	Zip Code	Telephone
<b>PREVIOUS ADDRESS</b> (If above less than 5 years)	Street Address		City	State	Zip Code	Telephone
Do You Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Landlord	Phone Number	City, State	Zip Code	
Do You Own Your Home? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, how long?) _____						
<b>Have You Ever Been In Business For Yourself?</b>				(If yes, please explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Has Your Spouse Ever Been Self-Employed?</b>				(If yes, please explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Have You Or Your Spouse Had Any Serious Illness Or Accidents Within The Last Ten (10) Years?</b>				(If yes, please explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Highest Education Level Achieved</b>				<b>Spouse Education</b>		
8 9 10 11 12 / 13 14 15 16 / 17 18				8 9 10 11 12 / 13 14 15 16 / 17 18		
Degree? _____				Degree? _____		
<b>Have You Or Your Spouse Ever Been Convicted Of A Felony, Driving Under The Influence Of Alcohol Or Drugs, Filed For Bankruptcy Or Are You Subject To Pending Litigation Or Unsatisfied Judgments?</b>				(If yes, please explain)		
<input type="checkbox"/> Yes <input type="checkbox"/> No						

# EMPLOYMENT HISTORY

List ALL Jobs Beginning with Present or Most Recent Employer

## FRANCHISE APPLICANT

## APPLICANT'S SPOUSE

Employer's Name		Telephone		Employer's Name		Telephone	
Street Address				Street Address			
Your Job Title/Description of Duties				Your Job Title/Description of Duties			
Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment		Salary per Month		Dates of Employment		Salary per Month	
From	To	Begin	End	From	To	Begin	End
Most Significant Accomplishment				Most Significant Accomplishment			
Reason For Leaving				Reason For Leaving			

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Street Address				Street Address			
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Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment		Salary per Month		Dates of Employment		Salary per Month	
From	To	Begin	End	From	To	Begin	End
Most Significant Accomplishment				Most Significant Accomplishment			
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Employer's Name		Telephone		Employer's Name		Telephone	
Street Address				Street Address			
Your Job Title/Description of Duties				Your Job Title/Description of Duties			
Supervisor's Name		May we communicate with your employer?		Supervisor's Name		May we communicate with your employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates of Employment		Salary per Month		Dates of Employment		Salary per Month	
From	To	Begin	End	From	To	Begin	End
Most Significant Accomplishment				Most Significant Accomplishment			
Reason For Leaving				Reason For Leaving			

## PERSONAL REFERENCES

List 3 references (not relatives or employers) who have known you well for at least 5 years.

Name	Street Address	City	State, Zip Code	Occupation	Telephone	Years Known

Referred By: \_\_\_\_\_

## BANK REFERENCES

Account	Account Number	Name of Bank	Phone Number	City	State
Savings					
Checking					
Charge Accounts					
Auto Loans					
Mortgages					
Other Loans					

Are you currently or have you ever been a principal in any other business?     Yes     No

If yes, Please Explain: \_\_\_\_\_

Do you or your spouse own any property in which the American Dart League could operate?     Yes     No

If yes, Please Explain: \_\_\_\_\_

What do you think the essentials to the successful operation of an ADA franchise are?

\_\_\_\_\_

\_\_\_\_\_

State why you desire an **AMERICAN DARTERS ASSOCIATION** Franchise and what your qualifications are. Please include past experiences relating to your involvement of your franchise associates, in any kind of sport, sports promotion, organized league or darts industry. (If you need more room, please attach another sheet.)

How will this franchise opportunity help you in achieving your business and personal goals?

Have you received a Franchise Offering Circular in connection with this application?  Yes  No

If yes, what is the date of the circular? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you plan to devote full time to this business venture?  Yes  No

Will your spouse or anyone else be active in the operation of this franchise?  Yes  No  
 Who? \_\_\_\_\_  Full Time  Part Time

Will this be your only source of income?  Yes  No  
 If No, Please Explain:

Additional information or comments you would like to share with us in evaluating your request for consideration:

**Part of the approval process is based on a business plan for the area you would like to license.**

What weekly income do you need? \$ _____	When would you be available to take a franchise? <input type="checkbox"/> 30-60 Days <input type="checkbox"/> 60-90 Days <input type="checkbox"/> 120 Days or more <input type="checkbox"/> Immediately
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<b>DESIRABLE LOCATIONS OR AREAS</b>	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
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I/We do hereby represent that all of the above answers are true and complete to the best of my/our knowledge and belief. I/We recognize that the **AMERICAN DARTERS ASSOCIATION, INC.** is not in any way obligated to offer a franchise to me/us because of this document. I/We acknowledge that any false statement on this application shall be considered sufficient cause to deny further consideration, or to terminate our franchise relationship at a future time. I/We understand that an inquiry regarding my/our character, general reputation, personal characteristics, mode of living, and financial background may be made as a result of this application and hereby authorize the release of this information to the **AMERICAN DARTERS ASSOCIATION, INC.**

A photographic copy or facsimile of this authorization shall be as valid as the original.

\_\_\_\_\_  
Franchisee Applicant Signature

\_\_\_\_\_  
Franchisee Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date