



FRANCHISE APPLICATION

- Proposed/New Construction
 Re-licensing (Choice Acct. Code _____)
- Existing Property
 Re-positioning (Choice Acct. Code _____)
- Renovation

A. APPLICATION

(Please 4 one) Sleep Comfort Quality Clarion

(Please 4 one) Hotel Inn Suites Resort

Former Affiliation: (if applicable) _____

Hotel Name:			
Address:			
City/County/Province:			
Country:		Postal Code:	
Telephone:		Facsimile:	
E-mail Address:			

B. OWNER(S)

Please list all general partners, limited partners, joint ventures, etc.

C. PROPOSED LICENSEE

Please specify nature of the business entity (i.e. Sole Proprietor, General Partnership, Limited Partnership, Joint Venture). Under no circumstances can the name Quality, Comfort, Clarion, Sleep, Choice Hotels International or any variation thereof be used in the licensee's name.

Corporation General Partnership Limited Partnership Joint Venture

Other (please specify)

Name of Entity:			
Country of Registration:		Date Formed:	
Applicant's Representative:			
Business Address:			
Business Telephone:		Facsimile:	

D. FINANCIAL INFORMATION

Bank Reference

Name of Bank:			
Contact:			
Address:			
Telephone:		Facsimile:	
Account in Name of:			
Account Number:			
Type of Account:	() Checking	() Savings	() Loan

Financial Statement

Please submit a current financial statement for the ownership entity in accordance with the following:

1. Corporation/General Partnership/Limited Partnership/Joint Venture/Other:
 - a) Entity Balance Sheet and Profit and Loss Statement
 - b) Personal financial statements for all general partners, joint ventures, members or shareholders
2. Sole Proprietor
 - a) Personal financial statement
3. Individual Owners
 - a) Personal financial statements for all individuals

E. FRANCHISING AND HOTEL EXPERIENCE

Do any of the individuals listed under ownership currently own or manage hotels and/or resorts?

Yes No *If "yes", please complete this section*

Owner/Operator	Property Name	Town/City	CHI Property Code	% Owned

Other "Non-hotel" franchises

Owner/Operator	Property Name	Town/City	% Owned

F. NEAREST CHOICE PRODUCT SEGMENT (Attach map identifying location)

CHI Property Code	Name	No. of Rooms	Distance	Direction

Major Competition (Include map identifying location)

Name	No. of Rooms	Amenities	Distance	Rate

G. FACILITY DESCRIPTION

Year(s) Built:	Number of Guest Rooms:
Number of Floors:	Size of Guestrooms:
Number of Parking Spaces:	
Expected Date to Open as a Choice Hotel:	

Number of Meeting Rooms:

Name	# of Seats	Name	# of Seats
1.		4.	
2.		5.	
3.		6.	

Number of Restaurants:

Name	# of Seats	On Premises	Within 150 Mtrs.	Meals Served (Please Circle)
1.				B L D
2.				B L D
3.				B L D
4.				B L D

(Note: B=Breakfast L=Lunch D=Dinner)

Number of Lounges:

Name	# of Seats	On Premises	Within 150 Mtrs.
1.			
2.			
3.			
4.			

Recreational Facilities:

Type of Facility	Yes	No
1. Pool – Indoor/outdoor/heated		
2. Hot tub		
3. Spa		
4. Exercise Room		
5. Golf Course		
6. Tennis Courts		
7. Sauna		
8. Game Room		
9. Other (Please specify)		

G. FACILITY DESCRIPTION (Continued)

Do you own this hotel? <i>(If "YES", please list the ownership name as it appears on the deed or purchase agreement.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the ground owned by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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When did you obtain possession of the hotel, whether by lease or purchase?	Date:
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(Note: If this is a re-licensing application, the Franchise Agreement will be dated as of the date of possession).

DESCRIPTION & EVALUATION

LOBBY:

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RESTAURANT:

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LOUNGE:

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MEETING ROOMS:

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GUEST ROOMS (Please include amenities, i.e. mini bar, trouser press, etc.)

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H. SITE ANALYSIS:

		Distance	Direction
Metro Area			
Prime Airport			
Second Airport			
Landmarks			
Recreation			
Sightseeing			

Location Description	
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J. ITEMS TO BE SUBMITTED WITH YOUR APPLICATION:

Existing Properties (Conversions)

- Initial Franchise Fee
- High Resolution Pictures of the Property – Minimum of 12 (interior and exterior, i.e. guestrooms and bathrooms, public areas, entrance)
- Area Map (with property clearly marked including competition)

New Construction Properties

- Initial Franchise Fee
- Complete Set of Plans
- Area Map (with property site clearly marked together with the competition)

I certify that, to the best of my knowledge, the information provided in this application is complete and accurate.

 Signature of Owner, General Partner
 Or Corporate Officer

 Title

 Date

