



TMC
FRANCHISE
CORPORATION

CIRCLE K
FRANCHISE
APPLICATION

Applying As:

Individual(s) / Sole Proprietor:

Will spouse be on Contract? (Check One) Y N
If yes, spouse must complete a separate application

Corporation:

(Check One) Sub S C-Corp LLC

Partnership:

(Check One) General Limited
Each Partner must complete an application

Legal Operating Name(s) for Proposed Site(s):



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 for 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? _____

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

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

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

Driver's License Number: _____ State: _____

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

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

Home: __ Own __ Rent Former Residence (if less than 5 years at present address):

St. _____ City: _____ State: _____ Zip: _____

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: _____

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? _____

Do you have any previous convenience store experience? __ Yes __ No If yes, how many years? _____

Type of previous convenience store experience: _____

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

PROPOSED SITE DATA

FRANCHISE SITE(s): (Attach additional sheets if necessary)

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

Site 1: _____
(Street) (City) (State) (Zip) (County)

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

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

Site 4: _____
(Street) (City) (State) (Zip) (County)

Site(s) is/are currently: Improved Unimproved

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: _____

How will this project be funded? _____

The Applicant currently:

(Must submit proof of ownership or premises lease documents)

Owns and operates

Leases and Operates

Owns but does not operate

Leases but does not operate

Intends to purchase

Intends to lease

If you are/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: _____

BUSINESS DATA

Present Employer: _____ How Long: _____ Salary/Year: _____

Title/Responsibilities: _____

If no site, region in which you are interested: (City) _____ (State) _____

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 CURRENT VESTED BUSINESS INTEREST OWNED AND/OR OPERATED

(Complete Schedules on Pages 5 of 9 and 6 of 9)

(Add additional sheets as necessary)

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: _____

Company: _____ Type of Business: _____

Percentage of Ownership: _____ Role: _____ Years: _____

Company: _____ Type of Business: _____

Percentage of Ownership: _____ Role: _____ Years: _____

REFERENCES:

Individual/Professional/Banking	Address	Phone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

This section must be completed in full or attach a separate financial statement.

Effective Date of Personal Financial Statement: _____ Initials: _____

Are you completing the Personal Financial Statement online? Yes No

If No, please submit a separate Personal Financial Statement.

Assets		Liabilities	
Cash on hand and in banks		Notes payable to Banks-Secured	
Stock, Bonds, Securities		Notes payable to Banks-Unsecured	
Receivables		Notes payable to relatives	
Other Current Assets - Itemized		Notes payable to others	
TOTAL CURRENT ASSETS		Credit Card Accounts	
Residence(s)		Income and other taxes	
Other Real Estate Owned		Total Current Liabilities	
Business Assets			
Receivables-Long-term		Residence(s)	
Retirement – Vested Accounts		Other Real Estate Owned	
Automobiles		Business Debt	
Personal Property		Other Debt - Itemized	
Due from relatives and friends			
Life Insurance – Cash Surrender Value		Total Liabilities	
Other Assets - Itemized			
Total Assets		Assets – Liabilities = NET WORTH	

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	Notes to Personal Financial Statement:
As endorser or co-maker	
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, explain: _____

Do you have any open lines of credit? Yes No

Creditor's Name	Avail. Balance	Credit Limit
1. _____		
2. _____		

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

Name of Trust: _____ Trustee: _____

List of assets held in trust: _____ Percentage of total assets held: _____

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT - SUPPLEMENTAL

Business and Personal Asset / Debt Schedule							
Owner/Legal Entity Name/Property or Business Address	Type of Property or Business*	% Ownership	Total Current Market Value	Total Current Loan Balance	Applicant % of Total Current Market Value	Applicant % of Total Current Loan Balance	Lender Name
TOTAL							

*
 PR = Primary Residence R = Rental Property I = Investment Property C = Commercial Property
 B = Business Assets (No Real Estate)

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 (“TMC”) 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 TMC, and I will release all persons from any liability resulting from their furnishing to TMC true and accurate information. I understand that TMC reserves the sole right in your absolute discretion to approve or disapprove this application for any reason TMC may determine, and if TMC disapproves, TMC will have no liability to the undersigned.

Signature: (Applicant): _____ **Date:** _____



TMC FRANCHISE CORPORATION LEGAL OPERATING ENTITY CERTIFICATE

Legal Business Entity: _____ Date: _____

State & Date of Formation: _____ Federal Tax ID#: _____

Site 1: _____
(Street) (City) (State) (Zip) (County)

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

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

Business Structure:

Corporation Limited Liability (LLC) Sole Proprietorship
 Limited Partnership General Partnership

Officer Names/Title:

Title:

(Skip, if Sole Proprietorship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Shareholder/Member/Partnership ownership (Full 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: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

NOTE: A COPY OF THE ARTICLES OF INCORPORATION, ORGANIZATION OR OTHER DOCUMENTATION SUPPORTING THE ABOVE 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 or other third parties, as necessary, 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 APPLICATION RETURN CHECKLIST

- Signed & Fully Completed Application with Personal Financial Statement**
- Secondary Applications**
(One for each Partner/Co Franchisee)
- Personal Tax Return**
(1 year) Most Recent Year Filed
- US Work Authorization Documents**
(If applicable)
- Corporate Tax Return**
(1 year) Most Recent Year Filed
- Annual Financial Statements for All Business Owned/Operated - (2 years)**
(i.e. Income Statements, Balance Sheets, Statement of Equity, Cash Flow Statements)
- 2 Months Bank and Brokerage Statements**
All Supporting Items on Application (i.e. checking, savings, money market funds and other current assets). For example, include copy of all banking and brokerage statements (not older than 60 days)
- Articles of Incorporation or Organization / Partnership Operating Agreement**
(Any documentation that supports vested interest, i.e. minutes/bylaws, shareholder stock certificates, operating agreement)
- Site Plans and/or Blueprints**
(If available, provide to Franchise Development Mgr.)
- Proof of Ownership or Premises Lease**
(Example: Tax Statement, Purchase Agreement, Lease Agreement)
- Legal Operating Entity Certificate (Part of Application)**
(One complete form for each franchise site if applying under different business entities or if owners/principals differ), Provide Formation information and Federal Tax ID # in space provided.
- Authorization for Release of Personal Data/Credit History**
(Must be completed for every individual owner, shareholder or member)
- Trust Title Page**
(If any Assets are held in a Trust)

PLEASE RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

**TMC Franchise Corporation
Franchise Division – DC 7
Attn: Contracts Specialist
1130 W. Warner Road, Bldg. B
Tempe, AZ 85284-1213**

OR

**TMC Franchise Corporation
Franchise Division - DC 7
Attn: Contracts Specialist
PO Box 52085
Phoenix, AZ 85072-2085**

IT IS IMPORTANT THAT YOU COMPLETE THE FRANCHISE APPLICATION IN ITS ENTIRETY AND THAT YOUR RETURN PACKAGE INCLUDES ALL OF THE ITEMS LISTED ABOVE, WHERE APPLICABLE. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN A LENGTHY DELAY IN PROCESSING YOUR APPLICATION.
