



Mission: Renaissance® New Franchisee Application Form

PLEASE ANSWER ALL QUESTIONS. FILL IN "NONE" OR "NOT APPLICABLE" AS APPROPRIATE.
YOU MAY ATTACH ADDITIONAL PAGES IF NEEDED.

INFORMATION ABOUT YOU

Last Name		First Name		Middle Name	Prefix or Suffix, if any	
Do You Have a Drivers License <input type="checkbox"/> YES <input type="checkbox"/> NO	State Issued	Birth Day (Month/Day)		Cell Phone Number	Other Phone Number	
Email Address :						
Current Address (Street Address Please; No P.O. Box)				City	State	ZIP
How long at this address? (MM/DD/YY) To Present				At this address, do you <input type="checkbox"/> Own or <input type="checkbox"/> Rent?		
Prior Address (if less than 5 years at current address)		City		State	ZIP	From? (MM/DD/YY) To
Due to marital property laws, financial information on your spouse or domestic partner is relevant and is requested in the following boxes.						
Marital/Domestic Partnership Status <input type="checkbox"/> Married/Domestic Partner <input type="checkbox"/> Unmarried (Single/Divorced/Widowed)		Full Name of Spouse/Domestic Partner		Occupation of Spouse/Domestic Partner		
Your Current Occupation				Will Your Spouse/Domestic Partner Be Involved in the Franchise? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Names and Ages of Dependent Children						
Name				Age		
Name				Age		
Name				Age		
Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO						

APPLICANT'S FRANCHISE PLANS

Will the franchise be owned and operated by you individually, or together with others?	
If others are involved, please explain fully	
Amount of capital you have available for this business	
Source(s) of capital for this business. Describe fully	
City/territory for which application made	Are you willing to consider any other areas? <input type="checkbox"/> YES <input type="checkbox"/> NO
If "Yes" what other area(s) would you be interested in?	

EDUCATION

PLEASE LIST ALL YOUR FORMAL EDUCATION INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

Name of High School	Where you in Sports/Student Council or Other School Activities? Please Describe		
City and State Location	Grade Average or Class Standing	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of College/University	Dates of Attendance (MM/DD/YY) To	Major & Minor Areas of Study	
City and State Location	Grade Average or Class Standing	Diploma or Degree	Year Graduated
Branch of Military Service	Dates of Service (MM/DD/YY) To	Rank or Grade	Separation Status
Other Training Source	Description of Training		
Other Training Source	Description of Training		

BUSINESS EXPERIENCE

Were you ever self employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes" from? (MM/DD/YY) To
If "Yes", please provide details including name, products/services delivered and current status of business	
Did you ever own or operate a franchised business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "Yes" from? (MM/DD/YY) To
If "Yes", please provide details including name, products/services delivered and current status of business	

EMPLOYMENT HISTORY

Name of Employer	Telephone		
Address			
Position/Title & Duties			
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)	
Supervisor's Name & Title	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Separation	Beginning salary \$	Ending salary \$	
Name of Employer	Telephone		
Address			
Position/Title & Duties			
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)	
Supervisor's Name & Title	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Separation	Beginning salary \$	Ending salary \$	
Name of Employer	Telephone		
Address			
Position/Title & Duties			
Dates of Employment	From: (MM/DD/YY)	To: (MM/DD/YY)	
Supervisor's Name & Title	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Reason for Separation	Beginning salary \$	Ending salary \$	

ABILITY TO PERFORM FUNCTIONS

Are you able to perform the essential functions of operating a Mission: Renaissance franchise, either with or without reasonable accommodation? YES NO If no, please describe the functions that cannot be performed:

Please describe any accommodations you would like us to consider making.

REFERENCES

PLEASE LIST THREE PROFESSIONAL & CHARACTER REFERENCES.

1. Name	Address	Telephone
2. Name	Address	Telephone
3. Name	Address	Telephone

CRIMINAL BACKGROUND

Were you ever convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO (A yes answer will not necessarily bar you from obtaining a franchise).	If yes, please explain
Are you under any legal or other restriction from being near or with children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain

CONTINGENCIES

Do you have any contingent liabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO
If "Yes", please itemize:
Are any of your assets pledged? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
Are you a party in any lawsuits or legal actions? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

INCOME SOURCES

Please state your current yearly income totals from all sources.

EARNINGS (salary, commissions, fees, etc.)	\$
INTEREST & DIVIDENDS RECEIVED	\$
RENTS RECEIVED	\$
OTHER	\$
OTHER	\$
OTHER	\$
OTHER	\$
TOTAL YEARLY GROSS INCOME	\$

ASSETS

BANK ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRUST	BALANCE \$
BANK ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRUST	BALANCE \$
BANK ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRUST	BALANCE \$
BANK ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> TRUST	BALANCE \$
RETIREMENT ACCOUNT		VALUE \$
RETIREMENT ACCOUNT		VALUE \$
STOCKS/BONDS		VALUE \$
PRIMARY RESIDENCE		MARKET VALUE \$
OTHER PROPERTY	<input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACATION	MARKET VALUE \$
OTHER PROPERTY	<input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACATION	MARKET VALUE \$
VEHICLE	YEAR MAKE MODEL	VALUE \$
VEHICLE	YEAR MAKE MODEL	VALUE \$
VEHICLE	YEAR MAKE MODEL	VALUE \$
OTHER		VALUE \$
OTHER		VALUE \$

LIABILITIES - MONTHLY

MORTGAGE/RENT (ALL PROPERTIES)	TOTAL AMOUNT OWED \$	PAYMENT TOTAL \$
VEHICLES (ALL)	TOTAL AMOUNT OWED \$	PAYMENT TOTAL \$
INSURANCE (PROPERTY/HEALTH/AUTO/LIFE)		MONTHLY AVERAGE \$
UTILITIES (ALL)		MONTHLY AVERAGE \$
CREDIT CARD	BALANCE OWED \$	MINIMUM PAYMENT \$

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STUDENT LOANS/TUITION	BALANCE OWED \$	PAYMENT \$
ALIMONY/CHILD SUPPORT		PAYMENT \$
OTHER LOANS	BALANCE OWED \$	PAYMENT \$
TAXES (PROPERTY/PERSONAL/BUSINESS)		MONTHLY AVERAGE \$
EMPLOYEE PAYROLL		MONTHLY AVERAGE \$
OTHER		PAYMENT \$
OTHER		PAYMENT \$

BANKRUPTCY

In the last ten (10) years, were you ever the subject of a filing for bankruptcy (whether you filed or you were named in a filing for bankruptcy?) <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide details and year filed
Are there currently any liens or garnishments concerning you? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide details and year filed

GENERAL

Have you ever taught in any capacity before? (Please explain)
What are your long term goals in owning a franchise? (5-10 years)
What do you hope to achieve by being a Mission: Renaissance® Franchisee?
What job did you like the most, and why?
What job did you like the least, and why?
What other qualifications, skills and/or experience do you have that will enable you to succeed as a Mission: Renaissance® Franchisee?
Do you work methodically using a designed, set schedule or do you prefer to "play it by ear"?
If you could change one thing about your present environment, what would it be and why?

I certify that all the information in this Application is true and complete. I authorize any past or present employer, bank and other person with whom I have done business, any federal, state or local law enforcement agency, any person who has knowledge of my character, work experience, activities or criminal records and any person who has information referred to above, to release this information to Art Classes, Inc. or its representative. If requested, I will supply statements from my professional advisors (banker, broker, accountant, attorney, financial advisor, insurer or otherwise, as applicable) verifying or pertaining to the above information. I am willing to furnish copies of federal and state income tax returns for up to the last five years, on request. I understand Art Classes, Inc. is relying on the truth and accuracy of all information in this Application in considering my application to become a franchisee. I will promptly notify Art Classes, Inc. of any material change in any of the above information. If any information that I provide is incorrect, incomplete or misleading, any franchise that is awarded to me will be subject to termination. I release Art Classes, Inc., its representatives and all other persons from liability from the use of the above information. I understand there is no promise that a franchise will be awarded to me. My submission for consideration, by form of this application, in no way obligates Art Classes, Inc.

Signature

Date

Print Name

Submit Completed Form To:

Art Classes, Inc.
Attn: Mr. Ted Prescott
5744 San Fernando Road
Glendale, CA 91202
Tel: 800.430.4ART (4278)
Fax: 818.243.9697
franchise@fineartclasses.com



DISCLOSURE

As part of the Mission: Renaissance® franchisee screening program we perform thorough background and credit investigations, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the Fair Credit Reporting Act as described below.

AUTHORIZATION TO RELEASE INFORMATION

First Name		Middle Name		Last Name	
Date of Birth (MM/DD/YY)		Social Security Number		Driver's License Number	
Current Street Address		City	State	Zip Code	Dates
Previous Addresses (for last 7 years)					
Street Address		City	State	Zip Code	Dates
Street Address		City	State	Zip Code	Dates
Street Address		City	State	Zip Code	Dates
Other Names you have gone by (including Maiden name)			Dates Used		
E-mail Address (may be used for official correspondence)					

By my signature below I do hereby authorize verification of all information provided in my franchisee application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release of information, which will, in part, be considered in determining any suitability for the Mission: Renaissance® Franchise Program. I certify that I have made true, correct, and complete answers and statements on my franchisee application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application. I agree to provide additional information that may be requested to process my franchisee application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my participation in the Mission: Renaissance® Franchise Program to the extent permitted by law.

*I hereby do- do not- authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I understand that I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my application and my disqualification for participation in the Mission: Renaissance® Franchise Program.

Signature

Date

Print Name

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check this box . This report may include character and reputation information obtained through personal interviews.

MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.