



APPLICATION TO BECOME A VETFRAN FRANCHISOR MEMBER

Our franchise would like to become a member of VetFran.

Trade Name of Franchised Concept: _____

Name of Franchisor: _____

Company Address _____

Contact Person for VetFran: _____

Business Phone Number : _____ **Email:** _____

Attachments required, from most recent fiscal year end:

- 1. All franchisors must attach an unqualified audit opinion letter.**
- 2. Item 19 if applying for 3 Star or 5 Star Membership Levels**
- 3. Item 20 (all applicants)**
- 4. Completed Application Worksheet**

NOTE: Filing for protection under the bankruptcy laws automatically disqualifies a franchisor from VetFran membership and use of the logo for a minimum of two years.

I am an authorized officer of the franchisor, and submit this application on behalf of the franchise concept and the franchisor. I certify that all information on this application and the attachments is correct to the best of my knowledge.

Officer Signature: _____ **Date:** _____

Printed Name: _____

Completed package should be sent to George Eldridge, VetFran Program Manager, via email: geldridge@franchise.org

If you have any questions, his direct line is 202-662-0789

VetFran Application Worksheet

- 1 What is the company's franchise fee discount (percentage) to Veterans? _____
- 2 How many years has your company been in this line of business? _____
- 3 How many years ago did your company open the first unit of this concept? _____
- 4 Do you have an Item 19 FPR Disclosure? _____
- 5 How many units were open at the end of the most recent calendar year? _____
- 6 What is your 3-Year Continuity Rate? _____
- 7 How many CFE graduates are on staff? _____
- 8 How many VetFran Committee Meetings have you attended in 2015? (IFA Convention, FAN)? _____
- 9 How many individuals at franchisor have completed the Intro to Franchising Program? _____

- 10 Are you applying for the 5 Star level? (Y/N) _____
- 11 What was the number of units open at beginning of 2013? _____
- 12 What was the number of units opened in 2013? _____
- 13 What was the number of units opened in 2014? _____
- 14 What was the number of units opened in 2015? _____
- 15 What was the total potential number of units open at end of 2015: _____
- 16 What was the total number of units open at the end of 2015: _____
- 17 How many franchises have been awarded to veterans over past 5 years? _____
- 18 How many franchises have been awarded to veterans this past year? _____
- 19 How many veteran-owned franchised units have closed the past 5 years? _____
- 20 How many veteran-owned franchised units have closed this past year? _____
- 21 What is the estimated number of jobs provided for veterans and spouses over the past 5 years? _____
- 22 What is the estimated number of jobs provided for veterans and spouses over the past year? _____
- 23 Do you have a Franchisee Advisory Council? (Y/N) _____
- 24 Are you on the SBA Registry? (Y/N) _____
- 25 Do you offer Site Selection assistance (if appropriate)? (Y/N) _____
- 26 How many hours is your initial training? (If Not Applicable, enter 0) _____
- 27 How many hours is your on-site/local area training? (If Not Applicable, enter 0) _____
- 28 How many hours of training is at the franchisor's office? (If Not Applicable, enter 0) _____
- 29 How many hours does it take to complete your On-line learning program? (If N/A, enter 0) _____
- 30 Do you offer marketing planning for the grand opening? (Y/N) _____
- 31 Do you offer ad placement for the grand opening? (Y/N) _____
- 32 Do you offer on-site support personnel for the grand opening? (Y/N) _____
- 33 Do you offer enhanced support for veterans for the grand opening? (If Yes, describe) (Y/N) _____

- 34 What is the name, email and phone number of your designated VetFran Point of Contact?

VetFran Franchisor Member Qualifications

ONE STAR LEVEL:

- Clean Audit Report
- Minimum Veteran Discount 10%
- Minimum 2 years in business in this line of business
- Minimum 1 year in franchising this concept (since first unit opened)

THREE STAR LEVEL:

- Clean Audit Report
- Minimum Veteran Discount 15%
- Minimum 3 years in this line of business
- Minimum 2 years in franchising this concept (since first unit opened)
- Item 19 FPRs
- 25 Units Open
- Participation in One VetFran Meeting/Seminar each year

FIVE STAR LEVEL:

- Clean Audit Report
- Minimum Veteran Discount 20%
- Minimum 5 years in this line of business
- Minimum 3 years in franchising this concept (since first unit opened)
- 80% Continuity Rate over past 3 years (verified by Item 20)
- Item 19 FPRs
- 50 Units Open
- Participation in one VetFran Meeting/Seminar each year
- 1 CFE on Staff

Annual Application/Renewal Annual Survey Required:

- Sign VetFran License Agreement (for appropriate Star Level logo)
- Designated Contact Person for VetFran
- Certify that someone at franchisor completed Intro to Franchising Program
- Attach unqualified auditor's letter for most recent fiscal year
- Attach Item 20
- Attach Item 19 (3 & 5 STAR)
- Application Worksheet