

Director of Licensing Approval: _____

Signature

Date



More Choices™

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GECKO DEVELOPMENT CORPORATION REQUEST FOR CONSIDERATION FORM

In order to get to know you and your background, goals and qualifications, we ask you to set aside some time to carefully and thoughtfully complete this Request for Consideration Form. This is an important first step in our review process, so please be as thorough as possible.

If you are applying for a Franchise in partnership with another person or persons, please complete separate Forms for each person.

A. PERSONAL INFORMATION

NAME _____ SOC. SEC # _____

CURRENT RESIDENCE. _____

street address

city

state

zip

OWN or RENT HOW LONG AT THIS ADDRESS? _____

PREVIOUS ADDRESS. _____

street address

city

state

zip

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

BEST TIME TO CALL _____ EMAIL ADDRESS _____

DATE OF BIRTH __/__/__ MARITAL STATUS _____ NO. OF DEPENDENTS _____

If Married:

SPOUSE'S NAME _____ SOC. SEC. # _____ OCCUPATION _____

WILL SPOUSE BE ACTIVE IN BUSINESS: YES NO

HOW LONG MARRIED? _____ NUMBER OF CHILDREN _____ AGES _____

PLEASE EXPLAIN ANY PHYSICAL LIMITATIONS OR CONDITIONS WHICH MAY PRECLUDE

CERTAIN TYPES OF ACTIVITIES _____

ARE YOU A U.S. CITIZEN? _____ IF NOT, OF WHAT COUNTRY? _____

B. EDUCATION

SCHOOL/LOCATION MAJOR DEGREE(S) YEARS ATTENDED

High School _____

College _____

Graduate School _____

List any Licenses or Certifications _____

Any Other Special Skills or Training? _____

C. EMPLOYMENT PROFILE

List your three most recent positions, with your current position first. Indicate "A" for applicant. "s" for Spouse.

A/S	Employer	City/State	Position/Title	From	To	Annual

(PUT AN ASTERISK NEXT TO ANY COMPANY NAMES YOU DO NOT WANT US TO CONTACT)

D. GENERAL INFORMATION

WHAT ARE YOUR SPECIAL INTERESTS OR HOBBIES? _____

HOW LONG HAVE YOU CONSIDERED OWNING YOUR OWN BUSINESS, AND WHY?

WHY ARE YOU INTERESTED IN OWNING A GECKO HOSPITALITY FRANCHISE? _____

BRIEFLY DESCRIBE WHAT YOU VIEW AS THE QUALIFICATIONS, TRAITS, AND SKILLS YOU HAVE THAT WOULD ENABLE YOU TO SUCCESSFULLY OWN AND OPERATE A GECKO HOSPITALITY FRANCHISE. _____

WHAT CAREER AND/OR FINANCIAL GOALS HAVE YOU SET FOR YOURSELF AND YOUR FAMILY?

HAVE YOU EVER BEEN REFUSED A BOND? Yes No

If Yes, please explain: _____

ARE YOU A DEFENDANT IN ANY LEGAL ACTION? Yes No

If Yes, please explain: _____

HAVE YOU EVER HAD ANY JUDGMENTS AGAINST YOU? Yes No

If Yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

HAVE YOU OR YOUR SPOUSE EVER DECLARED BANKRUPTCY? Yes No

If Yes, please explain by indicating when and for what amount: _____

H. CONFIDENTIAL FINANCIAL STATEMENT

ASSETS	In Even \$	LIABILITIES	In Even \$
Cash On Hand And In Banks		Notes Payable to Banks, Secured	
Marketable Securities		Notes Payable to Banks, Unsecured	
Non-Marketable Securities		Amounts Payable to Others, Secured	
Automobiles and other Personal Property		Accounts and Bills Due	
		Unpaid Income Tax	
Cash Value - Life Insurance		Other Unprud Taxes and Interest	
Other Assets - Itemize:		Other Debts, Itemize:	
		TOTAL LIABILITIES:	
		NET WORTH:	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

I authorize you to make investigations of my credit, character and ability, and to contact anyone, whether listed above or not, including former employers, in order to obtain personal information about me. I release all such persons from any liability or damages that may be incurred as a result of furnishing such information. I also certify that all the information in this application is true and complete.

SIGNATURE _____ **Date** __/__/__

SPOUSE'S SIGNATURE _____ **Date** __/__/__