



Please complete our Application for Consideration to be used in the evaluation process for a Brass Tap.

Prior to attending the Discovery Day process, we will request from a third party who FSC Franchise Co, chooses to obtain a consumer report and/or investigative consumer report(s) on each person who will be on the Franchise Agreement.

Return either by email or secure fax to:

msudovich@fscfranchiseco.com

Fax: (813) 902-7061

Attn: Michelle Sudovich



Cheers to your future!!!



Tell us about you and why you want to own a Brass Tap

Have you ever owned your own business? If so, tell us about your experience:

What are your personal goals in owning and operating a Brass Tap?

How did you find out about the Brass Tap opportunity? Which Brass Tap have you visited?

Special Interests (hobbies, sports, favorite teams, etc.):

Why will you be a successful Brass Tap owner/operator?

List your areas of interest (city and state) for development? What is your timeframe for opening?

Additional notes and comments from any previous sections of the application:

Applicants Signature: _____ **Date:** _____

I certify that the enclosed information as given is correct and complete. This application does not guarantee or constitute the granting of a franchise from FSC Franchise Co., LLC, it is however understood that the applicant supplies the information contained herein to the best of their knowledge and ability, and the company relies on this information in assessing the desirability and qualification of each applicant.



Applicant Personal Information:

Name: _____ Cell Phone _____ Home Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____
Date of Birth: MO: _____ Day: _____ Year: _____

Email Address _____ @ _____

Employer: _____ Work Phone: _____

Applicant Spouse or Business Partner Information:

Name: _____ Cell Phone _____ Home Phone: _____
Address: _____ City: _____ ST: _____ Zip: _____
Date of Birth: MO: _____ Day: _____ Year: _____

Email Address _____ @ _____

Employer: _____ Work Phone: _____

Applicant Education:

High School _____ Last Grade Completed: 8 ___ 9 ___ 10 ___ 11 ___ 12 ___
College/University _____ Degree(s) Received _____ Year _____

Previous Employer/Business Experience:

Company: _____
Address/Location: _____
Phone _____ Dates: _____ Type of Business _____
Position/Duties/Responsibilities: _____

Previous Employer/Business Experience:

Company: _____
Address/Location: _____
Phone _____ Dates: _____ Type of Business _____
Position/Duties/Responsibilities: _____

Previous Employer/Business Experience:

Company: _____
Address/Location: _____
Phone _____ Dates: _____ Type of Business _____
Position/Duties/Responsibilities: _____

Military Experience

Branch of Service/MOS: _____
Position/Duties/Responsibilities _____



PERSONAL FINANCIAL STATEMENT

I MAKE THE FOLLOWING STATEMENT OF ALL Y ASSETS AND LIABILITIES ON THIS _____ DAY OF _____ 20_____

ASSETS	\$		LIABILITIES	\$	
CASH ON HAND IN BANK			SECURED NOTES PAYALBE TO BANKS		
U.S. GOVERNMENT SECURITIES			UNSECURED NOTES PAYABLE TO BANKS		
ACCOUNTS, LOANS AND NOTES RECEIVABLE			NOTES PAYABLE TO RELATIVES		
CASH SURRENDER VALUEOF LIFE INSURANCE			ACCOUNTS AND NOTES PAYABLE TO OTHERS		
STOCKS AND BONDS			RENTS AND INTEREST DUE		
REAL ESTATE - HOME			TAXES DUE		
REAL ESTATE - OTHER			LIENS ON REALESTATE		
AUTOMOBILES AND NUMBER			AUTO LOANS		
OTHER ASSETTS -(itemize)			CHARGE ACCOUNTS (Itemize)		
			AS ENDORSER OR CO-MAKER		
			ON LEASES OR CONTRACTS		
			LEGAL CLAIMS		
			PROVISIONS FOR FEDERAL INCOME TAX		
TOTAL ASSETTS	\$		TOTAL LIABILITIES	\$	
TOTAL ASSETS MINUS TOTAL IABILITES=NET WORTH					

MONTHLY INCOME AND EXPENSES

SOURCE OF MONTHLY INCOME		MONTHLY EXPENSES	
SALARY	\$	RENT OR MORTGATE PAYMENT	\$
BONUS & COMMISSION		FOOD & UTILITIES	
DIVIDENDS AND INTEREST		INCIDENTALS	
REAL ESTATE INCOME		AUTO LOAN(S)	
OTHER		MEDICAL	
		CHARGE ACCOUNTS (Itemize)	
TOTAL INCOME		TOTAL EXPENSES	

HOW MUCH CAPITAL CAN YOU ALLOCATE TO BUY A Brass Tap? \$ _____

WHAT IS THE CASH DOWN-PAYMENT YOU CAN MAKE? \$ _____

IF THE REQUIRED CAPITAL AMOUNT IS NOT AVAILABLE, HOW WILL THE INVESTMENT BE OBTAINED?

DO YOU PLAN TO HAVE PARTNER(S)? YES ___ NO ___ Please give names of partners and % of ownership.

Name: _____ %: _____ Active: Y or N Name: _____ %: _____ Active: Y or N

Applicants Signature: _____ Date: _____

I certify that the enclosed information as given is correct and complete. This application does not guarantee or constitute the granting of a franchise from FSC Franchise Co., LLC, it is however understood that the applicant supplies the information contained herein to the best of their knowledge and ability, and the company relies on this information in assessing the desirability and qualification of each applicant.