



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 to your Franchise Sales Director at sslowey@fscfranchiseco.com or fax to (813) 902-7061



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:



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: _____ **Have you lived outside the US in the last 5 years or have dual citizenship: YES _____ NO _____**

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/Military:

High School _____ Last Grade Completed: 8 ___ 9 ___ 10 ___ 11 ___ 12 ___

College/University _____ Degree(s) Received _____ Year _____

Military Branch _____ Years of Service: _____

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: _____



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



By signing below, 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.

In connection with discussions and evaluation of a possible Brass Tap franchise opportunity, we may disclose non-public, proprietary and/or confidential information (whether in oral, visual or written form) that would reasonably be deemed confidential in nature, whether or not it is marked or otherwise designated as "confidential" ("Confidential Information"). By signing below, I agree that I shall use the Confidential Information only for evaluating the possible Brass Tap franchise opportunity and I shall never use the Confidential Information for any other purpose or disclose the Confidential Information to any other person.

Print Name: _____

Applicants Signature: _____ Date: _____