



Ice Cream Café

An Inner City Enterprise Fostering Financial Literacy

LICENSE APPLICATION

PLEASE COMPLETE THIS APPLICATION AND FORWARD THE ORIGINAL TO THE ADDRESS ON THE BACK.

HAVE YOU:

- Completed each page?
- Signed application?
- Included application fee?

OTHER BRANDS





Ice Cream Café

An Inner City Enterprise Fostering Financial Literacy

800 Broward Road, Suite N105
Jacksonville, FL 32218

1-904-765-5895

Instructions

CITY KIDZ Ice Cream Cafe LLC is pleased to consider your application for an Inner City Ice Cream Café Solution. Please read these instructions carefully and answer all items completely and accurately. If an item does not apply, please mark not applicable (NA).

Please supply all requested attachments for your entity and property.

When this License Application is completed, please send the application, attachment and full application fee of \$1,500.00 by regular mail or overnight carrier, to *CITY KIDZ Ice Cream Cafe LLC*

CITY KIDZ Ice Cream Cafe LLC reserves the right to approve or deny this License Application. You have not yet been granted a license to operate any of the above-referenced Solutions and there is no binding obligation on either party unless and until both *CITY KIDZ* and you have signed a License Agreement. Any expenses you incur in constructing, renovating or operating the Business solution are at your sole risk.

If for any reason *CITY KIDZ Ice Cream Cafe LLC* does not grant a License to you, or you withdraw the application and a License Agreement is not signed by both parties, *CITY KIDZ Ice Cream Cafe LLC* agrees to refund any application fee you paid *CITY KIDZ Ice Cream Cafe LLC* less a non-refundable fee of **\$500.00**.

Items to be submitted with this application

Please submit the following items with this application. This will ensure a quick turnaround time, and will provide *CITY KIDZ* the information needed to evaluate this transaction.

- \$1,500 check for application fee
- Current financial statement(s) (see page 6)
- Entity documents (see page 3)
- Proof of Site Ownership (sales contract, deed, option, lease or vendors license)

LICENSE APPLICATION

For a Ice Cream Café Business Solution in

City: _____ State: _____

A. APPLICATION

Brand: _____ Proposed Construction
_____ Conversion of Existing Space
Number of Solutions _____ Re-Licensing
_____ Re-Positioning

Current Store Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

County: _____ Country: _____

Phone: _____ Fax: _____

B. APPLICANT'S REPRESENTATIVE

You authorize the following individual to be your Designated Representative for this Application and for the License Agreement, if granted.

Name (Mr./Mrs./Ms.) _____

First: _____ Middle: _____ Last: _____

Title: _____

Company Name: _____

Street Address _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ SSN: _____ Birth Date: _____

Email Address: _____

What is your current occupation? _____

How did you hear about City Kidz? _____

- I am an existing City Kidz Licensee
 A friend or business associate referred me
 I saw your advertisement in _____
 I was contacted by City Kidz
 Other (specify) _____

C. PROPOSED LICENSEE (Please select one)

Corporation	Please Complete subsections 1, 2 and 3 below.
General Partnership	Please Complete subsections 1, 2 and 3 below.
Limited Partnership	Please Complete subsections 1, 2 and 3 below.
Limited Liability Partnership	Please Complete subsections 1, 2 and 3 below.
Joint Venture	Please Complete subsections 1, 2 and 3 below.
Limited Liability Company	Please Complete subsections 1, 2 and 3 below.
Sole Proprietor	Pease Complete subsection 3 below.
Multiple Individuals	Please Complete subsection 3 below.
Other - Please Specify	Please Complete subsections 1, 2 and 3 below.

1. Entity Legal Name: _____

(You may not use the name City Kidz, Jax Kidz, or Philly Kidz or any variation thereof in the entity's name.)

Name of Entity: _____ Formed in State of: _____

Date Formed: _____ EIN: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Business Phone: _____ Fax: _____

Please submit a copy of the following documents with your application:

- Formation Document (Examples include: Articles of Incorporation, Certificate of Incorporation, Certificate of Partnership, Articles of Organization, etc. This is the document that you filed with the state.)
- Governing Document(s) (Examples include: Bylaws, Shareholders Agreement, Partnership Agreement, LLC Operating Agreement, etc.)

LICENSE APPLICATION (cont.)

2. Entity Management Structure

Please list all Officers (President, Treasurer, and Secretary), General Partners, Managing Partners or Managing Members. Attach additional pages if necessary. If a general partner, managing partner or managing member is a corporation or other entity, the name and title of the individual signing for the corporation or entity also must be listed.

a. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Title: _____ Phone: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____

b. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Title: _____ Phone: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____

c. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Title: _____ Phone: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____

d. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Title: _____ Phone: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____

3. Owners Please list all shareholders, general partners, limited partners, joint venturers, members or individual owners. Attach additional pages if necessary. We invite but do not require all License applicants to provide the following information in the "Ethnicity" section below.

a. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Ethnicity: (optional) _____ % Owned: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____
Email Address: _____

b. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Ethnicity: (optional) _____ % Owned: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____
Email Address: _____

c. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Ethnicity: (optional) _____ % Owned: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____
Email Address: _____

LICENSE APPLICATION (cont.)

d. Name (Mr./Mrs./Ms.) First: _____ Last: _____
Ethnicity: (optional) _____ % Owned: _____
Mailing Address: _____ EIN: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Social Security Number: _____ Birth Date: _____
Email Address: _____

From time to time, large corporations and other CITY KIDZ clients request minority ownership information of Business Solutions to participate in their negotiated rate travel programs. By checking "YES" below, you authorize CITY KIDZ to provide minority-owned status information to CITY KIDZ-approved third parties who inquire. Only general information as to whether the business solution is minority-owned will be revealed; specific minority categories will not be revealed.

- Yes, CITY KIDZ is authorized to release minority-ownership status.
 No, CITY KIDZ is not authorized.

D. FINANCIAL INFORMATION

1. Financial Statement

Please submit a current financial statement (tax returns not acceptable) for the ownership entity in accordance with the following:

a. General Partnership / Limited Partnership / Limited Liability Partnership / Joint Venture / Limited Liability Company / Corporation:

1. Entity Balance Sheet (most recent year)
2. Personal Financial Statements for all general partners, joint venturers, members or shareholders

b. Sole Proprietor:

1. Personal Financial Statement

c. Individual Owners:

1. Personal Financial Statements for all individuals

d. (If Applicable) Business Profit and Loss Statement (most recent year)

2. Business References:

a. Company Name: _____

Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

Account Name: _____ Account #: _____

b. Company Name: _____

Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

Account Name: _____ Account #: _____

3. Bank References:

a. Name of Bank: _____

Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

Account in Name of: _____

Account: _____

Type of Account: Checking Savings Loan

LICENSE APPLICATION (cont.)

b. Name of Bank: _____

Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

Account in Name of: _____

Account: _____

Type of Account: Checking Savings Loan

4. Insurance Agent:

Company Name: _____

Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

E. Licensing and Scoop Shop Experiences

1. Do any of the individuals/entities listed under ownership currently own any CITY KIDZ or non-CITY KIDZ Ice Cream Cafe's

Yes No

If "yes" please complete the section below.

Attach additional pages if necessary.

Individual/Entity Property Name or City Kidz Property

City/State: _____ % Owned: _____ Code (if applicable) _____

2. Have any of the individuals/entities listed under ownership previously (But no longer) owned any Ice Cream Cafe's (City Kidz or non City Kidz)

Yes No

If "yes" please complete the section below.

Attach additional pages if necessary.

Individual/Entity Property Name or City Kidz Property

City/State: _____ % Owned: _____ Code (if applicable) _____

3. For any of the individual/entities listed under ownership, please identify the total number of years of retail ownership and/or management experience.

Individual/Entity _____

of Years of Retail Ownership _____

Current Number of City Kidz Cafes _____

Of Years of Management Experience _____

Current Number of Under Management _____

4. Do any of individuals/entities listed under ownership own other Non-CITY KIDZ solutions?

Yes No

If "yes" please complete the section below.

5. Do any of the individuals/entities listed under ownership own and/or hold an officer position at a non- ice cream business?

Yes No

If "yes" please complete the section below.

Attach additional pages if necessary.

(Types of businesses may include: Automobile sales, convenience stores, construction, energy, entertainment, finance, home decor, law, medical, pharmaceutical, real estate, (Title/Office may include President, Vice President, Chief Executive Officer, Chief Financial Officer, Director, Chairman, Partner, etc.)

Individual/Entity _____

Type of Business _____

Business Name _____

City/State _____

% Owned _____

Title/Office _____

LICENSE APPLICATION (cont.)

F. Background Information

For purposes of this section, "Applicant" includes anyone owning a direct or indirect interest in the proposed franchise.

1. Is any Applicant now, or has any Applicant ever been a defendant in any lawsuit?

Yes No

2. Has any Applicant ever filed for bankruptcy?

Yes No

3. Has any Applicant ever been convicted of a crime other than minor traffic violations?

Yes No

4. Is any Applicant a "Specially Designated National" or a "Blocked Person" (as defined below)?

Yes No

If "yes" has been indicated for any of questions 1-4, please identify the person, court, case number and outcome below.

Person _____ Court _____

Case Number _____ Outcome _____

"Specially Designated National" or "Blocked Person" means (i) a person designated by the U.S. Department of Treasury's Office of Foreign Assets Control from time to time as such status, (ii) a person described in Section 1 of U.S. Executive Order 13224, issued September 23, 2001, or (iii) person otherwise identified by government or legal authority as a person with whom CITY KIDZ or its affiliates are prohibited from transacting business. A list of such designations and the text of the Executive Order are published under the Internet web site address. www.ustreas.gov/office/enforcement/ofac.

I certify that, to the best of my knowledge, the information I provided in this application is complete and accurate.

Furthermore, I agree that in order to complete an adequate background/credit investigation, I authorize the referenced companies and/or individuals named in this application and credit reporting agencies to disclose to CITY KIDZ LLC., all information required for the processing of this application. This disclosed information will be used for the exclusive and confidential use of CITY KIDZ LLC. and its affiliated companies. I also release CITY KIDZ, its affiliates and their employees and agents and all other entities and their employees providing information or reports about me from all liabilities arising out of the release of any informational reports. I understand that by submitting this application I agree to the terms and statements made in this application.

(Please have ALL OWNERS AND/OR APPLICANTS sign below)

APPLICANT:

APPLICANT:

Name _____ Name _____

Signature _____ Signature _____

Name _____ Name _____

Signature _____ Signature _____



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