



LICENSE QUALIFICATION REPORT

Please take a few moments to tell us about you, so we may evaluate your qualifications in hopes of joining the HERO'S family.

PERSONAL DATA

NAME:

DATE OF BIRTH: _____

SPOUSE'S NAME:

DATE OF BIRTH: _____

DEPENDANT (S)

NAME(S) :

DATE OF BIRTH (S):

PHONE (HOME): _____

PHONE (WORK): _____

FAX # _____

EMAIL: _____

MAILING ADDRESS:

CITY: _____

STATE: _____

ZIP CODE: _____

LIST PERSONAL BANK (S):

1. _____

ADDRESS:

ACCOUNT NUMBERS

CHECKING: _____

SAVINGS: _____

2. _____

ADDRESS:

ACCOUNT NUMBERS

CHECKING: _____

SAVINGS: _____



EDUCATION LEVEL

CURRENT & PREVIOUS EXPERIENCE

COMPANY NAME:

ANNUAL SALARY

DATE:

SUPERVISOR:

PHONE NUMBER

PHONE NUMBER

TYPE OF BUSINESS:

REASON FOR LEAVING:

JOB DESCRIPTION:

Do you have any other skills or experience that you feel will contribute or compliment a business?



Have you ever had your own business or been self-employed?

SPECIFIC DATA

Own home:
Yes: No:

If own, state current value? _____

Mortgage amount: _____

Your total assets: _____

Your total liabilities: _____

Your net worth: _____

Amount of cash available for investment: _____

Do you have a financing source? _____

Amount of financing available? _____

If qualified, when would you be ready to invest in a HERO'S License: _____

Location preference:
1. _____
2. _____
3. _____

Have you ever been convicted of a criminal offence? If so, explain.

Have you ever been party to civil litigation, either as a defendant, plaintiff or otherwise? If so, explain.

Have you or any company with which you were associated with, ever gone bankrupt?



We certify that the information mentioned above herein is accurate and complete, to the best of our knowledge and we understand that if we make any material misrepresentation or omission in applying for a HERO'S License, whether in connection with this report or otherwise, we may be denied a License or any License granted may be terminated. We hereby authorize HERO'S to verify any of the above information and obtain a credit report on the person (s) signing below. We authorize the release of said information to HERO'S.

We understand that the purpose of this application is for information only and may not be used to assess the future viability of the application for ownership of a HERO'S License.

APPLICANT SIGNATURE

DATE

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