

License Evaluation Form

Date _____

Name _____

Street Address _____ How long at this address? _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____ E-mail Address _____ Best time to call _____

Territory for which you are applying _____ May we contact you at work? _____

Date of Birth _____ Country of Citizenship _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please specify _____

Present employer _____ Salary _____

Job Description _____ How long at this position? _____

Educational Information

Circle the last year of school completed: High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3 4

College (s) Attended _____ Year Graduated _____ Major _____ Minor _____

Other degrees, awards, and certificates _____

References

Please provide information for three references including at least one business and one personal reference (no family please);

Name# 1 _____ Telephone _____

Address _____ Relationship to you _____

Name # 2 _____ Telephone _____

Address _____ Relationship to you _____

Personal Financial Statement

CURRENT ASSETS

Cash (on hand and in banks) \$ _____

Marketable Securities\$ _____

Non- Marketable Securities (such as IRA's; 401K)...
\$ _____

Notes Receivable
\$ _____

Cash Value Life Insurance
\$ _____

Real Estate in Own Name (Fair Market Value).....
\$ _____

CURRENT LIABILITIES

Notes Payable, Banks, Unsecured..... \$ _____

Notes Payable, Banks, Secured (such as an automobile)...\$ _____

Notes Payable, other..... \$ _____

Loans Against Life Insurance..... \$ _____

Accounts and Bills Payable (such as Credit Cards)..... \$ _____

Real Estate Mortgages Payable (Balance)..... \$ _____

Business Goals

Are you applying as: _____ an individual or _____ a Partnership? A separate licensee application is required of all partners.)

What attracted you most about the Little Scientists® license? _____

What role do you envision yourself playing in your Little Scientists® license business?

How are your skills compatible with the business operations of a Little Scientists® license business?

How soon would you like to be in business?

Amount of Cash available to invest in your Little Scientists® license business?

Other sources of capital you plan to use to establish your Little Scientists® license business?

Do you plan to replace or supplement your income?

Financial

Please indicate your financial goals and time frame for achievement from Little Scientists® or other sources of income.

1st
year _____

2nd
year _____

The undersigned warrants that this financial and personal information is true and correct.

Date: _____ Signature _____