

Dev.Rep:
 (Office Use Only)



FRANCHISE APPLICATION

Section A

A. PROPOSED PROPERTY

Please place an [x] in the appropriate box.

Existing Property New Build

Please place an [x] in the box for the proposed brand.

<input type="checkbox"/>	Econo Lodge	<input type="checkbox"/>	Comfort	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Clarion	<input type="checkbox"/>	Ascend
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<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Inn	<input type="checkbox"/>	Inn & Suites	<input type="checkbox"/>	Suites	<input type="checkbox"/>	Resort	<input type="checkbox"/>
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Former Property Affiliation :

Existing Property Name			
Proposed Property Names (if applicable)			
Property Street Address			
Suburb/Town/City			
Country		Post Code:	
Telephone		Facsimile:	
E-mail Address			
Website			

B. OWNER(S) OF EXISTING HOTEL ACCOMMODATION BUSINESS

Please provide the name and address of each owner of the existing hotel accommodation business. Where the owner is a company, please provide the company name and the name and address of each shareholder of that company.

C. APPLICANT

Please specify the legal status of the Applicant and provide its name and contact details as requested below. Under no circumstances may the Comfort, Quality, Clarion, Econo Lodge or Choice Hotels names or any variation thereof be used in the Applicant's name.

Please place an [x] in the appropriate box

<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Trustee of a Trading Trust
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Applicant's Details:

(Complete application details)

<p>Applicant:</p> <ul style="list-style-type: none"> • Company Name • ACN & ABN <i>(Australia Applicants)</i> • CN & GST Numbers <i>(New Zealand Applicants)</i> • Company Registered Office • Trust Name (if any) • Sole Trader <input type="checkbox"/> <i>(please tick square if applicable)</i> Name and Address • Partnership <input type="checkbox"/> <i>(tick in square if applicable)</i> Partnership Name Name/s and Addresses of each Partner 	<p>_____</p>
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<ul style="list-style-type: none"> • Address where Franchise Documentation is to be mailed • Name of Applicants Representative <i>(Day to Day running of Business)</i> <p>Contacts:</p> <ul style="list-style-type: none"> • Business Phone • Email 			
		Mobile	
		Fax	

D. FRANCHISING AND HOTEL EXPERIENCE

Do any of the individuals or companies listed in Part B above currently own or manage hotels, motels, apartments, resorts or other short term accommodation businesses?

Yes **If** “yes”, please complete this table

Owner/Operator	Property Name	Town/City	% Owned

If “no” please provide details of the business experience of each owner below or attach current CVs for each owner to this Franchise Application.

E. PROPERTY INFORMATION

Building Information and Expected CHA Franchise Commencement Date

Year(s) Built:		Number of Rooms:	
No. Of Floors:		Size of Rooms: (m2)	
No. Of Parking Spaces:		Expected Date to Commence as a Choice Hotel:	
Date of last Refurbishment: <i>(if applicable)</i>			

Restaurants

Name	# Of Seats	On Premises Yes / No	Within 150mtrs of the Premises	Meals Served					
				Please place a [x] in the appropriate box					
1.				<input type="checkbox"/>	B	<input type="checkbox"/>	L	<input type="checkbox"/>	D
2.				<input type="checkbox"/>	B	<input type="checkbox"/>	L	<input type="checkbox"/>	D
3.				<input type="checkbox"/>	B	<input type="checkbox"/>	L	<input type="checkbox"/>	D

(Note: B=Breakfast L=Lunch D=Dinner)

Conference and Meeting Facilities

Name	# Of Seats	Name	# Of Seats
1.		4.	
2.		5.	
3.		6.	

Other Businesses operated at the Premises

Business	Please tick the appropriate square
1. Licensed Hotel	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Gaming Venue	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. TAB	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Retail Liquor Outlet	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Day Spa	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Golf Course	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Cocktail Bar	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Other (Please specify)	

Recreational Facilities

Type of Facility	Please tick appropriate square
1. Pool – Indoor <input type="checkbox"/> outdoor <input type="checkbox"/> heated <input type="checkbox"/> (please tick appropriate square)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Spa	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Sauna	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Gym	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Golf Course	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Tennis Courts	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Games Room <i>(Table Tennis – Pool Table etc)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Other (Please specify)	

Nature of Interest of Applicant in the Premises

Is the Freehold Property owned by you?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick appropriate Square)
<p>If no, on what basis do you manage/operate the accommodation business?</p> <ul style="list-style-type: none"> - Lease - Management rights - Other _____(provide details) 	
<p>Freehold Property Owners Details:</p> <p>Name's / Company Name: _____</p> <p>ABN: _____</p> <p>Commencement date of Lease/Management Agreement: _____</p> <p>Term of Agreement: _____ years with _____ year option to renew/extend.</p> <p>Anticipated termination date of Lease/Management Agreement: _____</p>	

When did you obtain possession of the hotel, whether by lease or purchase?	Date: _____
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F. COMMERCIAL INFORMATION

Average Daily Rate (ADR):	
Occupancy %:	
Gross Rooms Revenue for previous 12 months (excl. GST)	

G. AGREED COMMERCIAL TERMS

Fee Structure and Term of Agreement:

Length of Agreement: 10 year term with a 5 year mutual Out Option

Gross Room Revenue: \$ _____

Fee Structure	Total % of GRR
Year 1	
Year 2	
Year 3-10	

Affiliation Fee <i>(excl. GST)</i> \$400 per room Min \$10,000 Max \$26,000	
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Additional Terms:

- Choice Advantage PMS installation date -
- 2 months free Call forwarding service from online date

H. CREDIT CHECK AUTHORITY (To be completed by each Applicant)

I/We authorise Choice Hotels Australasia Pty Ltd:

- a) to obtain a report from a credit reporting agency about my/our creditworthiness for the purpose of considering this application;
- b) to exchange information about my/our credit arrangements with credit providers named in a credit report issued by a credit reporting agency; and
- c) to make enquiries about the information contained in this application from any other source.

I/We agree that the laws of the State of Victoria govern this application and I/we irrevocably submit to the non-exclusive jurisdiction of the courts of the State of Victoria.

Date: _____

Signed by:

Signature of Authorised Signatory of Corporate Applicant or Sole Trader

Signatures of each Individual (*if Partnership*)

Property Name: _____

(If currently residing at the Property address, please provide previous residential address/es)

Please provide the following information for each Applicant that is an individual:

(1) Name: _____

D.O.B: ___/___/___ Drivers Licence # _____

(2) Name: _____

D.O.B: ___/___/___ Drivers Licence # _____

(3) Name: _____

D.O.B: ___/___/___ Drivers Licence # _____

(4) Name: _____

D.O.B: ___/___/___ Drivers Licence # _____

ACKNOWLEDGEMENT AND AGREEMENT

The Applicant hereby applies to become a franchisee of Choice Hotels Australasia Pty Ltd and acknowledges and agrees that:

- the information provided in this Franchise Application is complete and accurate; and
- CHA may notify existing CHA franchised hotels located in or around the area of the Applicant's hotel of this Franchise Application.

Date: _____

Signature of Authorised Signatory of
Corporate Applicant

Signature/s of Individual/s