



Application

Vimana Franchise Systems LLC
12830 Jacob Grace Court
Windermere, FL 34786-5711
(407) 654-5540 • Fax: (407) 654-4601
www.StayKeyWestHotels.com

Please print legibly or type:

Property Name: _____

Current / Former Franchisor or Flag: _____

Property Address: _____

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

Property Phone: _____ Property Fax: _____

Property E-mail: _____ Property Website: _____

Entity Name (owner): _____

Type of Entity:

- General Partnership Individual Proprietor Joint Venture
 Limited Partnership Corporation Trust
 Limited Liability Company Other: _____

Jurisdiction of Incorporation: _____ Tax ID Number: _____

Principal Contact Information:

Name: _____ Address: _____

Phone: _____ City: _____

Fax: _____ State: _____ Zip Code: _____

E-mail: _____

Entity Ownership Breakdown:

Name & Address	Title	% of Ownership	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Ownership must equal 100%. If owner is Limited Partnership, please provide name, address and ownership breakdown of General Partner. Please attach additional sheets, if necessary. Enclose copy of driver's license of each partner.

————— *Conversion Properties* —————

Average Daily Room Rate for the trailing 12 months: \$ _____

Average Occupancy for the trailing 12 months: _____

of Floors: _____

of Rooms: _____ # of Suites: _____ # of Closed Rooms: _____ Total # of Rooms: _____

Room Size (e.g., 350 sq. ft. or 24' x 24') King: _____ Doubles: _____ Suites: _____

Corridor Type: Interior Exterior Other: _____

Management Company Contact Information:

Name: _____ Title: _____
Address: _____ City: _____
State/Zip or Province/Postal Code: _____ Phone: _____
Fax: _____ E-mail: _____

Marketing Company Contact Information:

Name: _____ Title: _____
Address: _____ City: _____
State/Zip or Province/Postal Code: _____ Phone: _____
Fax: _____ E-mail: _____

Food & Beverage Facilities/Amenities:

- | | | | |
|---|---|------------------------------------|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Game Room | <input type="checkbox"/> Exercise Room |
| <input type="checkbox"/> Lounge | <input type="checkbox"/> Outdoor Pool | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Guest Laundry |
| <input type="checkbox"/> Meeting Facility | <input type="checkbox"/> Banquet Facility | <input type="checkbox"/> Spa | |
| <input type="checkbox"/> Other: _____ | | | |

Operations Information:

Describe in-house network: (i.e., NT or Linux) _____

Type of PMS / Front Desk System: _____

Type of Internet Connection: DSL T1 Other: _____

Quality Standards:

Is property AAA/CAA approved? Yes No *If yes, what is your diamond rating?:* _____

Most Recent QA Score: _____ *(Please submit copy along with application)*

GDS / CRS Representation: _____

List Consortia / Corporate Programs: _____

_____ Chain Code: _____

New Construction Properties

If new construction property, proposed opening date: _____

Do you control/own the land for the proposed property? If so, please enclose a copy of the Title, Option to Purchase or Lease.

Architect Information:

Name: _____ Phone Number: _____

Fax Number: _____ E-mail Address: _____

Mailing Address: _____

Contractor Information:

Name: _____ Phone Number: _____

Fax Number: _____ E-mail Address: _____

Mailing Address: _____

Enclose a copy of the site survey & site plan.

Mortgage Information:

Bank/Mortgage Co.: _____

Contact: _____ Phone: _____

Mailing Address: _____

Insurance Information

Name of Property and Casualty Insurance Company: _____

Insurance Agent Information:

Name: _____ Company: _____

Phone: _____ Fax: _____

Mailing Address: _____

Vimana Franchise Systems LLC reserves the right to approve or disapprove this application, in its sole discretion. Applicant will not be deemed to have been granted a franchise to operate a Key West facility and there shall be no binding obligation on either party (except as to the Application Fee) unless and until both parties have executed the License Agreement.

Enclosed with this application is a check for \$2,000, representing the Application Fee. This fee is non-refundable except in the event that a franchise is not granted to the applicant because of proximity to another Key West facility, in which event Vimana Franchise Systems LLC will refund the Application Fee.

Signed: _____ Title: _____ Date: _____

Signed: _____ Title: _____ Date: _____

Enclosed with this Application is a US \$2,000.00 Application Fee payable to Vimana Franchise Systems LLC.

Send To:

Steve Belmonte
Vimana Franchise Systems LLC
12830 Jacob Grace Court
Windermere, FL 34786-5711