



## FIVE STAR MEMBER APPLICATION

Please note: Your company must be an active franchisor member of the IFA to apply for VetFran membership.

### Contact Info

Name of Franchise Brand : \_\_\_\_\_ Contact Person for VetFran: \_\_\_\_\_  
Business Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_  
Social Media/Marketing Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

### Please attach the following to your application:

- An unqualified audit opinion letter (“In our opinion, the financial statements above...”)
- Franchise Disclosure Document with an Item 19

#### All documents must be from most recent fiscal year end.

NOTE: Filing for protection under the bankruptcy laws automatically disqualifies a franchisor from VetFran membership and use of the logo for a minimum of two years.

### Eligibility Checklist

1. What is your standard franchisee fee? \$ \_\_\_\_\_
2. What is your discounted franchise fee offered to veterans? \$ \_\_\_\_\_
3. What is the percentage of the above discount? (Minimum of 20%) \_\_\_\_\_
4. If you provide an incentive in addition to a discount on the initial fee please list it here: \_\_\_\_\_  
\_\_\_\_\_
5. Has your company been in this line of business for 5 or more years? Yes\_\_\_ No\_\_\_
6. Has it been at least 3 years since your first franchised unit opened? Yes\_\_\_ No\_\_\_
7. Does your FDD include an Item 19 FPR Disclosure? Yes\_\_\_ No\_\_\_
8. Does your brand have 50 or more units open? Yes\_\_\_ No\_\_\_
9. Is your 3-Year Continuity Rate 80% or higher? Yes\_\_\_ No\_\_\_

\*Looking at Item 20 of your Franchise Disclosure Document, you simply take the total number of franchise outlets that were operating at the end of last year, and divide that number by the number of outlets you started with three years ago plus any new outlets opened during that three-year period.

10. Name of a CFE graduate on franchisor staff: \_\_\_\_\_

Note: Answering “No” to any of the above questions may cause your application to be denied. If your company does not meet the above criteria, consider a lower tier of membership.

I am authorized to submit this application. I certify that all information on this application and the attachments is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Completed package should be sent to VetFran via email at [vetfran@franchise.org](mailto:vetfran@franchise.org)**

Questions? Need help? Call us at 202-662-0781.

For VF Staff Use Only

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