



## Joysky Institute Franchising Application

| CONTACT INFORMATION      |  |
|--------------------------|--|
| Name:                    |  |
| Address:                 |  |
| Telephone number:        |  |
| E-Mail:                  |  |
| Airman's Certificate No: |  |
| Airport Location:        |  |

| CHECKLIST                |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | Complete and sign Franchising Application (All applicants)                       |  |
| <input type="checkbox"/> | Professional Resume or CV (All applicants)                                       |  |
| <input type="checkbox"/> | Credit Report with FICO Scores– within 30 days (All applicants)                  |  |
| <input type="checkbox"/> | Office floor plan / Hanger floor plan  |  |
| <input type="checkbox"/> | Base Airport Manager Contact Info  |  |
| <input type="checkbox"/> | Base airport diagram   |  |
| <input type="checkbox"/> | 2 nearby Airport diagrams  |  |
| <input type="checkbox"/> | Local Business License Application   |  |
| <input type="checkbox"/> | Aircrafts list: Make / Model / Year / Seats / FAA #                              |  |
| <input type="checkbox"/> | Please hand write at least 3 reasons why you are the best franchising candidate. |  |

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date