



**FRANCHISE
APPLICATION**

Kampgrounds Of America, Inc. Kampgrounds Of America (Canada), Ltd.

Thank you for your interest in applying for a KOA franchise. We appreciate the time and effort you have taken to review our material and to complete this application. Please answer all items completely and accurately.

If you have any questions, please give us a call.
Return completed applications to:

Kampgrounds of America, Inc.
PO Box 30558 • Billings, MT 59114 • (800) 548-7239 or (406) 248-7444
www.ownakoa.com

Contact Person: _____

Email Address: _____

This application is intended to obtain pre-qualifying information.



Proposed Franchisee(S):

Name of current KOA Campground: _____

Entity or Individual(s) Name(s): _____

(Name(s) in which the Franchise Agreement will be issued)

(Note: You may not use the name "Kampgrounds of America" or "KOA" or any variation thereof in the entity name)

Type of Entity:

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Partnership (LLP)

Corporation

Limited Liability Company (LLC)

Other (please explain) _____

Please attach the appropriate articles of incorporation/operating agreement, partnership agreement, joint venture agreement or trust agreement. If the Applicant is a legal entity or partnership, then the ownership breakdown for the entity must be provided. Please provide below the name or names of a principal contact(s), to whom all correspondence should be addressed and who has authority to act for the Applicant.

If more than two principals are involved, please copy this page, and add additional names and contact information

Principal Contact Name: _____

Address _____ City _____

State/ Province _____ Zip / PC _____

Day Phone _____ Cell Phone _____ Fax _____

Email Address _____

Please check which item best describes your involvement in the operation:

Will be on property and managing the day-to-day business operation

Will be supervising the day-to-day operation through an on-site general manager

Other (please explain)

Principal Contact Name: _____

Address _____ City _____

State/ Province _____ Zip / PC _____

Day Phone _____ Cell Phone _____ Fax _____

Email Address _____

Please check which item best describes your involvement in the operation:

Will be on property and managing the day-to-day business operation

Will be supervising the day-to-day operation through an on-site general manager

Other (please explain) _____

Business Experience

(For individuals listed on page 3)

Principal's Name: _____

List your last 3 positions (indicate if self-employed) OR attach resume for past 10 years.

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Have you previously owned or been involved in a franchise operation? (If yes, explain.)

Please describe any experience you have in real estate development or construction, and any experience you have in the camping industry, recreation industry and /or hospitality industry.

Business Experience

(For individuals listed on page 3)

Principal's Name: _____

List your last 3 positions (indicate if self-employed) OR attach resume for past 10 years.

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Present Position: _____ From: _____ To: _____

Company Name/Location: _____

Type of Business: _____

Describe your responsibilities: _____

Have you previously owned or been involved in a franchise operation? (If yes, explain.)

Please describe any experience you have in real estate development or construction, and any experience you have in the camping industry, recreation industry and /or hospitality industry.

General Profile Questions

What best describes your operational organization?

Campground will be the primary or only family business and family members will be involved in the day-to-day operation. It is a lifestyle and business opportunity.

If not previously listed, please list all family members involved in the operation.

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

Campground will be a real estate / business investment and the plan is to have non-ownership management in place to supervise the day-to-day operation.

Campground will be an additional business investment that will become part of other owned business operations.

Other please describe _____

Franchising requires a unique combination of the desire to be in business for yourself, but not by yourself. Being part of a branded system offers many opportunities to take advantage of KOA guest loyalty, national exposure and system wide networking. How do you see yourself benefiting from and contributing to the KOA system?

Any other comments you would like to make:

Business and Management Opportunities

What business development opportunities do you see for this KOA ?

1. _____

2. _____

3. _____



Business Cash Flow Projections and Anticipated Capital Needs

As part of the purchase evaluation, it is important to determine your cash flow from campground operations to make sure there are adequate funds for debt service, capital improvements and profit. Please use the most recent campground profit and loss statement, cash needed for closing and your estimation of the future debt service to complete the following cash flow and capital needs analysis. The following tables and questions will lead you through this process.

IMPORTANT: If you have any questions on how to complete this section, please contact your KOA representative.

FINANCIAL DATA	COST/CREDIT	COMMENTS
Campground Purchase Price		
Down Payment		
Franchise Fee	7,500	
Closing Costs (est.)		
Inventory, Deposits, Licenses, etc. (est.)		
Less Earnest Money (prepaid)		
Cash Needed at Closing:		

Based on your Financial Statement, please identify where the "Cash Needed at Closing" (from page 7) will come from (bank accounts, liquidation of securities, sale of home/business, etc.) Please be specific in amounts and source(s).

Source:	Amount:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
Total _____	

Net Annual Cash to Owner

Based on the most recent campground financials as provided by the Seller and the terms of your financing, please provide the following information to the best of your knowledge:

Important: If the cash flow to the owner from campground operations is different than what is shown on the most recent year end profit and loss statement, please explain the difference.

1. Campground Net Operating Cash Flow to Owner \$ _____
 (The total annual cash available to owner for profit and reinvestment.)
 If different than shown on the most recent campground P&L, please explain the difference. _____

2. Anticipated annual debt service, principal and interest \$ _____

Loan amount \$ _____

Loan term (years) _____

Loan Interest rate _____ % Fixed Variable

3. Net Cash available for reinvestment and profits \$ _____
 (Subtract # 2 debt service from #1 net cash to owner)

Please describe the capital improvements you anticipate making on your new property, the source of funds for these improvements and the estimated cost.

YEAR	DESCRIPTION OF IMPROVEMENTS(S)/CHANGES	SOURCE OF FUNDS*	ESTIMATED COST
1			
2			
3			

*Source of Funds: "CF" = Cash Flow from Operation • "F" = Finance • "OA" = Other available funds

FINANCIAL DATA :

This information must be completed for the proposed ownership entity. If the balance sheet does not have enough available assets and net worth to justify the purchase and operation of the campground, then additional financial statements from principal applicants must be provided. Please fill in all blanks and for any that do not apply, mark N/A.

ASSETS	\$ Omit Cents	LIABILITIES	\$ Omit Cents
Cash, Checking, Savings, CDs, etc. See Schedule Number 1		Mortgages Payable on Real Estate See Schedule Number 7 (including the campground)	
Stocks, Bonds, Govt. Securities, etc. See Schedule Number 2		Other Notes/Loans Payable See Schedule Number 7	
IRAs, 401Ks, Other Pension/Retirement See Schedule Number 2		Loans against Life Insurance See Schedule Number 7	
Life Insurance Cash Surrender Value See Schedule Number 3		Vehicle Loan(s) See Schedule Number 7	
Notes and Accounts Receivable See Schedule Number 4		Credit Card Balances See Schedule Number 8	
Residential Real Estate See Schedule Number 5		Taxes Payable See Schedule Number 9	
Investment Real Estate (current value including the campground) See Schedule Number 5		Other Liabilities (leases, liens, back taxes, etc.)	
Vehicle(s) (current value) See Schedule Number 6			
Other Assets (furnishings, collections, antiques, jewelry, etc.) See Schedule Number 6			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (Assets minus Liabilities)	

APPLICANT(S) INITIALS: _____

OTHER SOURCES OF INCOME (ongoing)	\$ Omit Cents
Bonus/Commission Payments	
Dividends and Interest	
Real Estate Income	
Salary (only if will continue)	
Other Income (describe source)	
Total Other Income	



PLEASE COMPLETE ALL SCHEDULES.

Attach any supporting materials, or use additional sheets if necessary for any schedule.

SCHEDULE NUMBER 1: CASH ON HAND

Banks/Financial Institution (Include City/State/Zip)	Account Type (Checking, Savings, etc)	Account Balance

SCHEDULE NUMBER 2: SECURITIES OWNED

(Include Retirement Accounts, Stocks, Bonds, Annuities, etc.)

Brokerage/Financial Institution	Description of Security	Registered Owner	Present Value

SCHEDULE NUMBER 3: LIFE INSURANCE

Insurance Company	Beneficiary	Policy Type	Face Value	Cash Value	Loans

SCHEDULE NUMBER 4: ACCOUNTS, LOANS AND NOTES RECEIVABLE

(Amounts owed to me/us)

Debtor Name & Address	Description of Debt	Security Held	Amount Owed	Payment Amount per Month or Year

SCHEDULE NUMBER 5: REAL ESTATE MORTGAGES

(including the campground)

Property Address or Description	Mortgage Holder	Amount Due	Market Value	Net Value	Payment Amount per Month or Year

SCHEDULE NUMBER 6: OTHER ASSETS

(Vehicles, Furnishings, Antiques, Artwork, Jewelry, Collections, etc.)

Description	Current Market Value	Amount Owed	To Whom (Include Acct. #)	Net Value

SCHEDULE NUMBER 7: ACCOUNTS, LOANS AND NOTES PAYABLE

(Amounts owed to others)

Note Holder Name/Address	Description of Debt	Security Held	Amount Owed	Payment Amount per Month or Year

SCHEDULE NUMBER 8: CREDIT CARD/OTHER INSTALLMENT LOANS

Creditor's Name & Address (City/State)	Account #	Current Balance	Monthly Payment

SCHEDULE NUMBER 9: TAXES PAYABLE

To Whom Owed (Federal/State/Local Authority)	Type	Current Balance	Due Date

Individual's Name: _____

Have you ever filed for bankruptcy? Yes No

Are you a co-maker, guarantor, or endorser of any other person's debt? Yes No

Are you presently a party to any form of litigation? Yes No

Are there any liens presently outstanding against you or your property? Yes No

Amount of contingent liabilities, if any: _____

If yes to any of the above, please explain: _____

Individual's Name: _____

Have you ever filed for bankruptcy? Yes No

Are you a co-maker, guarantor, or endorser of any other person's debt? Yes No

Are you presently a party to any form of litigation? Yes No

Are there any liens presently outstanding against you or your property? Yes No

Amount of contingent liabilities, if any: _____

If yes to any of the above, please explain: _____

APPLICANT(S) SIGNATURE(S):

Each individual with any interest shall sign and date this form (Electronic signature(s) acceptable). Each warrants, represents and certifies by his/her signature that the foregoing statements are true, complete and accurate as of the date hereof, and declares that he/she will immediately make notification to Kampgrounds of America, Inc., Kampgrounds of America (Canada) Ltd. (KOA) of any change in the foregoing information. Each understands that the foregoing representations will be relied upon by KOA in determining whether to grant a franchise.

Applicant Name
(Please type or print)

Applicant Signature: _____ Date: _____

Co-Applicant Name
(Please type or print)

Co-Applicant Signature: _____ Date: _____



PLEASE RETURN TO:
Kampgrounds of America, Inc.
Franchise Application

P.O. Box 30558
Billings, MT 59114

406-248-7444
800-548-7239

