



**NEW
DEVELOPEMENT
FRANCHISE
APPLICATION**

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

We appreciate your interest in a KOA franchise and look forward to exploring the possibility of a mutually beneficial business partnership. In any business relationship it is important for the parties involved to get to know each other to insure a long and successful relationship. Hopefully we have answered all of your questions to this point and we look forward to reviewing the completed application. Once approved, we will make arrangements to visit your campground(s) and discuss any remaining questions or issues.

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):

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) _____

Entity Ownership Breakdown

(Must equal 100%. Attach separate sheet(s) if necessary.)

Name	Title	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional

If there are other non-owner management parties involved with your planned KOA business such as a General Manager or other individuals with decision making responsibility, please provide their name and job responsibility.

Name _____ Job Responsibility _____

Name _____ Job Responsibility _____



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 _____

Please complete the following business and personal profile for each principal party listed on this application.

We have shared a great deal of information about KOA and we would like to become more knowledgeable about you and your business experiences as we move towards a mutually beneficial business partnership.

Please feel free to attach a resume in lieu of the form below, or if it is a legal entity making application, a corporate business history document would be a suitable substitute for this information.



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.

This information must be completed for the proposed ownership entity. Entities other than sole individual owners must provide an entity Balance Sheet and P&L statement. If entity 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. For any of which 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: _____

LAND & SITE ANALYSIS:

Property Size, Ownership and Description:

Address _____

Owned Under Contract Leased

(Attach Locator Map if available)

of developable acres _____ Average % slope _____

General shape: square circular rectangular irregular

Please describe the property and any features on-site that you feel might be a benefit to the appeal and atmosphere of the campground development. Items like mature trees, water, views, etc.

Do any of the following situations apply to the proposed site?

- | | |
|---|---|
| Overhead power lines | Heavy industry near site |
| Easements | Sanitary landfill or public dump nearby |
| Objectionable odors | Traffic or railroad problem for access |
| Noise (traffic / rail / airport) | High potential for land use objection |
| Sensitive environmental or archeological issues | |

Utilities:

Please check appropriate answer and comment regarding difficulty of securing utilities for the development.

Water: Public Suitable on-site well Need to drill well

Comments: _____

Electric: Readily available Yes No

Comments: _____

Sewer: Public Need to develop on-site system Have existing on-site system

Comments: _____

Are there any improvements on the property that might be used as part of the campground development?

Have you checked with the local or appropriate planning board to see if the proper zoning classification for a "recreational vehicle park" can be obtained? Yes No

Explain _____

ECONOMIC EVALUATION:

Please describe any other existing or planned developments that will add a stronger attraction to your planned campground development.

Why do you feel that a KOA Campground would be successful in this area?
(Local attractions, major highways, population, future development factors that will affect your location.)

What is the anticipated length of the camping season for this site? _____

Development Cost and Revenue Projection Factors: (Please provide best estimate.)
(In the KOA design and development process, you will learn information to help you refine your estimate to the economic factors shown below.)

Land Cost if Purchasing: _____ Campground/RV Development Cost: _____

Anticipated # of Sites

RV: _____
Rental Units: _____
Tent: _____
Estimated Timeline
for Completion: _____

Rate Range

RV: \$ _____ to \$ _____
Rental Units: \$ _____ to \$ _____
Tent: \$ _____ to \$ _____

List the nearest public and private campgrounds, distance from your proposed site and number of sites. (Include occupancy or other available business data if available.)

- 1. _____

- 2. _____

- 3. _____

Which one of the following best describes the type of business you expect to attract to your campground?

Overnight campground serving guests that typically stays for one night on their way to a destination.

Weekend destination campground serving a customer base that is located within easy driving distance. (Highest occupancy on weekends and holidays.)

Vacation destination location where guests usually drive longer distances and have a longer length of stay.

Other (please describe) _____



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

