



## FRANCHISE APPLICATION CHECKLIST

To ensure that your Franchise Application is complete, please use this checklist to confirm that all items have been completed and documents attached.

<u>Completed</u>	<u>Item</u>
_____	Completed and signed Franchise Application (attached) – signed by Applicant and each of its Principal Owners
_____	Complete copies of articles of incorporation or organization, operating agreement, partnership agreement, bylaws, and other documents pertaining to your ownership and organization
_____	Complete copy of your current franchise agreement, together with all exhibits, attachments and amendments (applies only if your proposed hotel is currently affiliated with another hotel brand - mark N/A if not applicable)
_____	Executed personal financial statements for Applicant and each Principal Owner listed in Section 1.H of the attached Franchise Application
_____	Payment of your Application Fee (\$5,000). Your Application Fee is refundable until the Franchise Agreement is fully executed. Please make your check payable to “La Quinta Franchising, LLC.”
_____	Past 2 years Quality Assurance Scores and Customer Satisfaction Rankings for each franchised hotel listed in Section 1.J of the attached Franchise Application
_____	Proof of ownership of proposed site and hotel. Please include a copy of your warranty deed, grant deed or owner’s policy of title insurance showing that the proposed site and hotel improvements are owned by Applicant (the proposed franchisee). If you are leasing the site and/or hotel improvements, please include a complete copy of your lease with all exhibits and amendments. If you are in the process of acquiring the site, then please provide a copy of your executed purchase and sale agreement or letter of intent.
_____	Signed and dated UFOC receipt (attached)
_____	Copy of valid, applicable state Drivers License
_____	Completed W-9 (attached)

Thank you for your interest in La Quinta. We appreciate your consideration of our franchise program.



## LA QUINTA FRANCHISE APPLICATION

By submitting this application, you are applying for a franchise to operate a hotel as a La Quinta Inn or La Quinta Inn & Suites. Please answer all of the following questions by checking the appropriate response and filling in the blanks. Please type or print. All information submitted to La Quinta Franchising LLC (“La Quinta”) will remain confidential and be used for the sole purpose of determining the applicant’s qualifications.

**PLEASE COMPLETELY ANSWER EACH QUESTION.**  
**IF ANY QUESTION DOES NOT APPLY TO YOU,**  
**PLEASE INDICATE THAT BY WRITING “N/A”.**

### 1. APPLICANT INFORMATION

A. Name of Applicant\*: \_\_\_\_\_  
\*Applicant is individual or entity to which franchise will be issued.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

B. Applicant is a: \_\_\_\_\_  
(specify entity type, i.e., corporation, sole proprietorship, general partnership, limited partnership, or limited liability company)

C. Organized under the laws of the state/country of \_\_\_\_\_

D. Social Security Number: \_\_\_\_\_ or FEIN: \_\_\_\_\_  
(if individual) (if entity)

E. Please submit with this application, complete copies of your articles of incorporation or organization, operating agreement, partnership agreement, bylaws, and other documents pertaining to your ownership, organization, management and control.

F. Name of Applicant’s Representative: \_\_\_\_\_

Representative's Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

G. Applicant's Operating Partner: \_\_\_\_\_

Operating Partner's Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

H. Principal Owners of Applicant—Identify each owner of 10% or more of Applicant  
(attach additional sheet if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ % ownership: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ % ownership: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ % ownership: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ % ownership: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

- I. Has Applicant or any of Applicant's Principal Owners ever filed an action seeking protection or a discharge of indebtedness under bankruptcy laws? \_\_\_ Yes \_\_\_ No

If yes, please list the party(ies) who went through bankruptcy and the date the bankruptcy case was filed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- J. Do you now or have you ever owned, co-owned, or managed a hotel? \_\_\_ Yes \_\_\_ No

If yes, please complete the chart below or attach a schedule including the same information.

<b>Hotel Name and Address</b>	<b>No. of Rooms</b>	<b>Year Built</b>	<b>Date Purchased</b>	<b>% Owned</b>	<b>Presently Owned?</b>

- K. Please provide with this application two (2) years of Quality Assurance Scores and Customer Satisfaction Rankings for each of the franchised hotels listed above.

## 2. PROPOSED MANAGEMENT OF HOTEL

- A. The hotel will be managed by: \_\_\_\_\_ Applicant  
\_\_\_\_\_ Management Company \_\_\_\_\_ General Manager hired by Applicant

B. General Manager/Management Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

C. Manager's Experience - Please complete the information below describing the hotels managed by the manager designated above.

Hotel Name	Address	No. of Rooms	Year Built	Years Managed

**3. PROPOSED SITE AND HOTEL FACILITY**

A. If hotel is currently a part of the La Quinta system, this application is for a:  
 \_\_\_\_\_ Change of ownership      \_\_\_\_\_ Number of additional rooms

B. This application is for a: \_\_\_\_La Quinta Inn    \_\_\_\_La Quinta Inn & Suites

C. The proposed hotel will be: \_\_\_\_Newly constructed    \_\_\_\_Conversion of existing hotel

D. The exact location of the proposed/existing hotel is (no P.O. Box):

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Intersection of \_\_\_\_\_ and \_\_\_\_\_

Quadrant: NW\_\_NE\_\_SE\_\_SW\_\_

E. If conversion of an existing hotel, the current brand affiliation is \_\_\_\_\_

If currently affiliated, when does the contract with your current brand expire?

\_\_\_\_\_

If currently affiliated, please attach a complete copy of your current franchise agreement, together with all exhibits and amendments.

If currently affiliated, are you considering affiliating with any brands other than La Quinta? \_\_\_\_ Yes \_\_\_\_ No

If you are considering affiliating with any other brands, please indicate which brands you are considering: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F. If independent, current name of hotel: \_\_\_\_\_

G. If existing hotel, the month and year built: \_\_\_\_\_

H. If existing hotel, month and year you purchased hotel: \_\_\_\_\_

I. Proposed date construction will commence: \_\_\_\_\_

J. Proposed opening date: \_\_\_\_\_

K. Is hotel currently owned by you? \_\_\_\_ Yes \_\_\_\_ No

L. Name of current title holder: \_\_\_\_\_

M. Is hotel being leased by you? \_\_\_\_ Yes \_\_\_\_ No If yes, provide:

Landlord's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

N. General Hotel Information:

No. of Guest Rooms: \_\_\_\_\_ No. of Floors: \_\_\_\_\_

No. of Dining Rooms: \_\_\_\_\_ No. of Seats in Dining Room(s): \_\_\_\_\_

No. of Meeting Rooms: \_\_\_\_\_ Max. Seating in Meeting Rooms: \_\_\_\_\_

Exercise Room: \_\_\_\_\_ No. of Bars/Lounges: \_\_\_\_\_

Exterior corridor or interior corridor: \_\_\_\_\_

Pool (indoor/outdoor): \_\_\_\_\_ No. of Parking Spaces: \_\_\_\_\_

Distance to nearest airport: \_\_\_\_\_ Interstate: \_\_\_\_\_ (indicate miles)

Room Type	Number of Rooms	Room Dimensions
Suites	_____	_____
Double/Double	_____	_____

Queen/Queen	_____	_____
King	_____	_____
Single	_____	_____

O. Hotel Performance – Provide information for last five (5) years (if existing facility)

<b>Year</b>					
Occupancy %	%	%	%	%	%
Average Daily Rate (ADR)	\$	\$	\$	\$	\$
Total Revenues	\$	\$	\$	\$	\$
Gross Operating Profit	\$	\$	\$	\$	\$

Please attach schedule showing monthly ADR and occupancy rates for the past two (2) years.

P. Surrounding Restaurants: Identify the fast food and family style restaurants in the trade area surrounding the Site.

<b>Restaurant Name</b>	<b>Distance</b>	<b>No. of Seats</b>	<b>Price Range</b>	<b>Liquor Y/N</b>	<b>Hours</b>

#### 4. COMPETITIVE HOTELS

Identify all hotels and motels in your trade area that are potentially competitive to the hotel/site, including all economy and mid-priced hotels.

Hotel Name	Address	Distance from Site	Age	No. of Rooms	Average Room Rate

#### 5. FINANCIAL STATEMENTS

- A. If Applicant is a sole proprietorship or general partnership, complete and return a signed personal financial statement (with any supplemental schedules) less than six months old for each Principal Owner having a greater than 10% interest in Applicant.
- B. If the Applicant is a corporation, limited partnership or limited liability company, provide year-end profit and loss statements and balance sheets, plus interim documents, for the past two full years. Each limited partner, general partner, shareholder or member owning 10% or more of the equity of the Applicant is required to submit a personal financial statement with this application, including a list of all hotels/motels in which the individual has an interest.
- C. If the hotel is to be constructed, provide a description of Applicant's financing plan, i.e. how the acquisition of the land, construction, furniture, fixtures, equipment and operating supplies, pre-opening budget, all other costs and any initial operating losses will be funded.
- D. If the hotel is an existing hotel, provide a year-to-date profit and loss statement and those for the last two calendar (or fiscal) years, together with a financing plan covering the acquisition, renovation and initial operating losses, as applicable.

#### 6. APPLICATION TERMS AND CONDITIONS

- A. Applicant and each Principal Owner represents that the information Applicant has provided in and with this application is true, correct, complete and current as of the date of this application. Applicant agrees to notify La Quinta promptly of any changes to the information contained in this application.
- B. La Quinta reserves the right to contact individuals or entities to confirm information provided in connection with this application and obtain additional information which La Quinta believes is necessary for the proper consideration of this application. The undersigned Applicant and Principal Owners authorize La Quinta to review, make notes of, copy, request and obtain any civil, criminal, financial, credit and business records and

information pertaining to the undersigned for the purposes described above. Each of the undersigned waives, releases and forever discharges La Quinta and its affiliates from any claim or other liability, of whatever nature or cause, arising from or out of or in any manner related to the review and copying of records and the confirming and obtaining of information described in this application. Applicant and each Principal Owner agree to execute, at La Quinta's request, any bank, financial or credit institution authorizations permitting La Quinta to obtain additional financial information from such institutions to corroborate information provided in this application.

- C. If La Quinta approves this application and the proposed site/hotel, La Quinta will offer Applicant a license to operate a La Quinta Lodging Facility at the proposed site by delivering its then-current form of standard franchise agreement, together with all standard ancillary documents that it then uses in granting franchises for the operation of a La Quinta Lodging Facility in the state in which the proposed site is located. If Applicant is affiliated with another brand at the time it submits the application, and if La Quinta approves the application and proposed site, La Quinta will deliver to Applicant its then-current form of standard franchise agreement, together with all standard ancillary documents and a letter agreement establishing conditions that must be satisfied before the franchise agreement becomes effective. The franchise agreement and the ancillary documents (and side letter, if applicable) must be duly executed and returned not earlier than 5 business days and not later than 30 business days after they are delivered, with payment of all fees required thereunder (subject to credit of the application fee). If La Quinta does not timely receive the fully executed franchise agreement and ancillary documents and payment of the required fees, La Quinta may revoke its offer.
- D. Applicant and each Principal Owner represent and warrant that neither the submission of this application nor the execution of a franchise agreement with La Quinta will violate or conflict with the terms of any other agreement to which the undersigned is/are a party or by which the undersigned or proposed hotel is/are bound. The undersigned has/have not been induced by La Quinta or any affiliate thereof to terminate or breach any agreement with respect to the proposed hotel.
- E. La Quinta reserves the sole right to approve or disapprove this application for any reason, and in the event that La Quinta disproves this application, it shall have no liability to the undersigned other than to return the application fee. If this application is rejected, Applicant and each Principal Owner agree that La Quinta has granted no rights whatsoever to the Applicant or its owners with respect to the proposed site, and that La Quinta may own and operate, and grant to others the right to own and operate, a La Quinta Lodging Facility at or near the proposed site.
- F. In making this application, neither Applicant nor any of its owners has relied upon any representations, inducements, promises, agreements or undertakings, or other representations, written expressed or implied made by La Quinta or any person acting on its behalf, other than those set forth herein. Applicant and each Principal Owner acknowledge that it has not received or relied upon any information from La Quinta or any of its representatives as to the potential volume, profits or success of the proposed hotel.
- G. Applicant and each Principal Owner expressly recognize that investment in the hotel business involves business risks making the success of the franchisee's venture largely dependent upon the business abilities of the franchisee and its agents and/or hotel manager.

Applicant and each Principal Owner expressly acknowledge that they have conducted an independent investigation of the contemplated hotel business.

- H. Acceptance of this application is subject to the written approval of La Quinta and all representations, warranties and agreements of Applicant contained in this application shall survive delivery by La Quinta of any commitment letter and/or franchise agreement.

\_\_\_\_\_  
Applicant's Name (entity or individual, as applicable)

\_\_\_\_\_  
Signature (Authorized Signee)  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Date

PRINCIPAL OWNERS:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\*With this application, you must submit \$5,000 as an Application Fee. This fee will be refunded to you if your application is not approved and will remain refundable until a Franchise Agreement is fully executed (if your application is approved). If you and La Quinta enter into a Franchise Agreement, your Application Fee will be applied as a credit against the Affiliation Fee that will be due to La Quinta.

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See specific instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: : : :
OF
Employer identification number
: : : :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,