

**extend a suites® and MIPS License Application**

Instructions: Please fill out this Schubert International, LLC (“EAS”) *extend a suites®* and MIPS License Application in its entirety. Please print or type your responses in the spaces provided. If you require additional space for your responses, please continue your responses on a separate document, identifying the question number to which each response relates and submit it with your completed Application. If you have any questions, please contact us at (512) 494-6001 or by email at [info@extendasuites.com](mailto:info@extendasuites.com).

Please send to the EAS Application Coordinator at P.O. Box 2007, Round Rock, Texas 78680, by certified or priority mail or by other shipping method with tracking capability: (1) the completed Application, and (2) all requested documentation and any additional supporting documentation. Due to your expressed interest in and enthusiasm for *extend a suites®*, EAS hereby waives its \$1,000.00 Application Fee requirement.

**I. Applicant Information**

1. Applicant’s Full Name: \_\_\_\_\_

2. Provide a current resume, current financial statement and other biographical information for Applicant, detailing Applicant’s experience in the hospitality industry, information on all hotels Applicant has owned, leased and/or operated, including the name and location of said hotels and the time periods for Applicant’s experience with said hotels.

3. Applicant Contact Information:

Primary Contact for Applicant: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

4. If Applicant is an Entity, describe the type of Entity (e.g. corporation, LLC, limited partnership, partnership) and State in which it was formed: \_\_\_\_\_

4.1 List the ownership of said Entity, including the names of the individual owners, their addresses and any other contact information Applicant would like to provide for said owners, the percentage of ownership held by each owner and the title held by each owner (e.g. Manager, President, Secretary).

Owner Name	Owner Address and Other Contact Info	Percentage of Ownership	Title

4.2 Submit with the completed Application a copy of said Entity's formation and governance documentation, including the corporate resolution or similar consent to enter into the license agreement to obtain an *extend a suites*® and MIPS License.

II. Applicant's Hotel Information

5. Applicant's Hotel Name: \_\_\_\_\_

6. Applicant's Hotel Address: \_\_\_\_\_  
\_\_\_\_\_

7. Select the option which reflects Applicant's relationship to the Hotel:

(a) Applicant owns the Hotel: \_\_\_\_\_;

(b) Applicant leases the Hotel: \_\_\_\_\_ for a minimum term of \_\_\_\_\_ years;

If neither (a) nor (b) applies, describe Applicant's relationship to the Hotel and provide documentation showing Applicant's relationship to the Hotel: \_\_\_\_\_  
\_\_\_\_\_

7.1 If Applicant selected Option (a) to Question 7 above, provide a copy of Applicant's Deed and other evidence of title ownership of the Hotel and the property on which the Hotel is located along with the completed Application.

7.2 If Applicant selected Option (b) to Question 7 above, provide a copy of Applicant's lease and other documentation showing Applicant's leasehold interest in the Hotel and the property on which the Hotel is located along with the completed Application.

7.2.1 If Applicant selected Option (b) to Question 7 above, does Applicant have consent from the owner of the Hotel and/or the property on which the Hotel is located, any mortgagor for the Hotel or said property, or any other person required to give any such consent, to enter into the license for which Applicant is applying?

Select the option which applies and explain below: \_\_\_\_\_ Yes or \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Provide the following additional information about the Hotel and provide photos of the Hotel showing the entire structure of the Hotel, from all sides, and any buildings which are part of the Hotel.

\_\_\_\_\_ Number of Rentable Guest Rooms

\_\_\_\_\_ Number of Rentable Guest Suites

\_\_\_\_\_ Number of Floors at the Hotel

\_\_\_\_\_ Number of Buildings

Select the option which applies: \_\_\_\_\_ Interior Corridor Hotel or \_\_\_\_\_ Exterior Corridor Hotel

9. Provide information on the Property Management System (“PMS”) and/or Global Distribution System (“GDS”) currently utilized at the Hotel, if applicable:

PMS Vendor: \_\_\_\_\_  
 PMS Software Version: \_\_\_\_\_  
 Number of Work Stations with PMS Software: \_\_\_\_\_  
 GDS Vendor and/or Representative: \_\_\_\_\_

10. Select the amenities that are available at the Hotel and provide photos of said amenities:

\_\_\_\_\_ Indoor/Outdoor Pool          \_\_\_\_\_ Guest Laundry          \_\_\_\_\_ Restaurant  
 \_\_\_\_\_ Exercise Room                  \_\_\_\_\_ Meeting Room          \_\_\_\_\_ Lounge  
 \_\_\_\_\_ Other – Please explain: \_\_\_\_\_  
 \_\_\_\_\_

11. Provide the following insurance information for the Hotel:

Policies Currently in Effect and amount of coverage:

Type of Coverage:	Name of Insurers:	Coverage Amount:	Name of Insured and Additional Insureds:
Property and Casualty:			
Liability:			
Automobile:			
Worker’s Compensation:			
Umbrella:			
Other (specify):			

Submit copies of the most recent Certificates of Insurance or Insurance Policy Riders for said Policies with the completed Application.

12. Is the Hotel under any license agreement or franchise agreement? \_\_\_\_\_ Yes or \_\_\_\_\_ No

12.1 If Applicant answered Yes to Question 12 above, describe the license agreement or franchise agreement and state when said obligation expires: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. How did you hear about *extend a suites*®: \_\_\_\_\_

14. Provide any additional information you would like to provide: \_\_\_\_\_

Applicant consents to EAS contacting the individuals listed on the Application, including lenders, lessors and/or other principals and for EAS to conduct searches including credit checks and other searches.

Applicant is solely liable for any costs and fees incurred by Applicant in completing and submitting this Application. EAS will determine, in its sole discretion, whether to approve or deny the Application and shall, after making said determination, notify Applicant of any such approval or denial within fifteen (15) business days of receiving the completed Application or request additional information or time to make said determination within that time period if necessary. Should EAS approve the Application, the license applied for shall not become effective until EAS and Applicant execute an *extend a suites*® and MIPS License Agreement.

Applicant represents that the information provided herein, including in any supporting documentation submitted with this Application, is complete and accurate. Applicant shall immediately notify EAS if any of the information provided herein changes or becomes incomplete or incorrect.

APPLICANT:

If an entity:

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

By: \_\_\_\_\_ ( \_\_\_ / \_\_\_ /2014)  
Signature

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

Its: \_\_\_\_\_ (individual's capacity in the Entity)

If an individual:

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

Signature: \_\_\_\_\_ ( \_\_\_ / \_\_\_ /2014)