



Academy of  
**2**  
Second Language Learning ®



## **ACADEMY EDUCATION LICENSOR, INC.**

### **LICENSEE CANDIDATE QUESTIONNAIRE**

Academy Education Licensor, Inc. licenses its educational materials by county to qualified Licensees in the United States.

Please complete this Licensee Candidate Questionnaire in detail, scan it, and e-mail it to: **Academy Education Licensor, Inc.**

**Which of our three sets of educational materials are you interested in licensing:**

**[You may select more than one set of educational materials.]**

- Academy of English Language Learning**
- Academy of Second Language Learning**
- Academy of Private Investigation and Loss Prevention**

**County:** \_\_\_\_\_

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

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

**Telephone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Partners:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Principals' Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you currently own and operate a school:** \_\_\_\_\_

**If "Yes," what type of school:** \_\_\_\_\_

**How many schools:** \_\_\_\_\_

**Location(s) of schools:** \_\_\_\_\_  
\_\_\_\_\_

**Why do you want to be a Licensee of Academy Education Licensor, Inc.:**

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

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**Do you have the desire and capacity to expand the school business into a countywide entity throughout your county:**

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**Do you have the desire and capacity to print, bind, and distribute text/work books:**

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**What is your timeframe to begin school operation as a Licensee:**

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**How many schools do you envision on a countywide basis: \_\_\_\_\_**

**What is your personal work history:**

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**Have you or any of your partners ever been convicted of a crime: \_\_\_\_\_**

**If “Yes”, please explain in detail:** \_\_\_\_\_

\_\_\_\_\_

**Have you or any of your partners ever declared bankruptcy:** \_\_\_\_\_

**If “Yes”, explain in detail:** \_\_\_\_\_

\_\_\_\_\_

**Is there any pending adverse legal action involving you, your company, or any of your partners:** \_\_\_\_\_

**If “Yes,” explain in detail:** \_\_\_\_\_

\_\_\_\_\_

**Do you have a multi-school business plan developed:** \_\_\_\_\_

**Qualifications for owning and operating a multi-school business operation in your county:**

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**On what date will you be prepared to enter into a Licensing Agreement with Academy Education Licensors, Inc. if approved and accepted as a Licensee:**

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**Comments:** \_\_\_\_\_

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**Please submit your fully completed Licensee Candidate Questionnaire via e-mail.**

**NOTE: IF YOU DO NOT ANSWER EVERY QUESTION IN THIS LICENSEE CANDIDATE QUESTIONNAIRE, YOU WILL NOT BE CONSIDERED FOR A LICENSING AGREEMENT WITH ACADEMY EDUCATION LICENSOR, INC.**

**THIS LICENSEE CANDIDATE QUESTIONNAIRE IS MEANT FOR INFORMATIONAL PURPOSES, ONLY. IT IS NOT INTENDED TO NOR DOES IT ESTABLISH ANY BUSINESS RELATIONSHIP WHATSOEVER BETWEEN THE LICENSEE CANDIDATE(S) AND ACADEMY EDUCATION LICENSOR, INC.**

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