

Licensee Application



SQUARED EDUCATION

Math Squared Education
12175 Saratoga Sunnyvale Rd #B
Saratoga, CA 95070
Phone: 408-366-1129
www.m2math.com
m2math@gmail.com

Date:	
Name:	
Address:	
City:	
State/Province:	
Zip/Postal Code:	
SS Number:	
Home Phone:	
Cell Phone:	
Email:	
Driver's License #:	

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College			
Other			

How did you hear about us?

<input type="checkbox"/> Flyer	<input type="text"/>	<input type="checkbox"/> Other:	<input type="text"/>
<input type="checkbox"/> Newspaper:	<input type="text"/>	<input type="checkbox"/> Website:	<input type="text"/>
<input type="checkbox"/> Radio:	<input type="text"/>	<input type="checkbox"/> Magazine:	<input type="text"/>
<input type="checkbox"/> Direct Mail:	<input type="text"/>		

Are there any lawsuits pending against you?

Yes No

If yes, please describe:

Have you ever been convicted of a crime? (except traffic misdemeanors)

Yes No

If yes, please describe:

Have you ever been arrested?

Yes

No

If yes, please describe:

Special Skills:

Please list any special skills:

What is your native language?

What other languages do you speak?

Business Plan:

City or town in which you are interested:

If that area is not available, are there other areas of interest?

What is your business objective?

When will you be able to start this business?

How many hours will you devote to this business?