



Kids' MusicRound, LLC

PMB #2008
25 Route 31 South, Ste. C
Pennington, NJ 08534

609-333-0100

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www.KidsMusicRound.com

**Application for Licensing
the Kids' MusicRound® Program**

PERSONAL INFORMATION

Date submitted: _____

Name: _____

Email: _____

Address: _____

Home Telephone: () _____

City: _____

Cell phone: () _____

State: _____ Zip Code: _____

(cell phone optional)

Educational background and degree(s) earned:

What is your experience in music and early childhood?

Which instruments do you play, if any, and what is your level of proficiency?

List any relevant employment history that will help us assess your ability to run a business and/or teach music classes to young children. Use the reverse side for additional information.

I have enclosed a more detailed resume.

Please supply two references we may contact:

1. Name: _____ Telephone: _____
Nature of relationship: _____

2. Name: _____ Telephone: _____
Nature of relationship: _____

BUSINESS INFORMATION

1. Proposed KMR opening (month & year): _____

2. What are your goals for your Kids' MusicRound program?

Check off as many as apply:

- This will be a part-time business endeavor and I am not interested in more at this time.
- This will be a full-time business endeavor.
- I plan to start part time and grow into a full-time business by _____.
- I would like to maintain a large center operating 4-6 days per week.
- I would like to open several locations within one-two years.

3. What will be your role? *Check off as many as apply:*

- I will do all of the teaching.
- I will perform all of the business functions.
- I plan to hire a teaching staff in addition to myself.
- I will not do any teaching and hire a teaching staff to do all of the teaching.

4. List the city and state of your proposed location(s) below. Provide a street address if available.

- 1. _____
- 2. _____
- 3. _____

5. List towns within a 1-5 mile radius around your proposed location(s).

6. Where will you be holding classes? *Check off as many as apply:*

- | | |
|---|---|
| <input type="checkbox"/> Not sure yet | <input type="checkbox"/> Karate studio |
| <input type="checkbox"/> Dance studio | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Church/Synagogue | <input type="checkbox"/> Children's Activity Center |
| <input type="checkbox"/> Firehouse | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Athletic Club | |

7. To assist us in evaluating competition in your proposed area(s), list any competitive early childhood programs (gym, music, mommy & me programs) below.

OTHER

Kids' MusicRound does not offer credit or loans for business start up.

Do you have sufficient start-up funds to launch your business?

Yes No

This application will be reviewed carefully and an assigned area will be designed for you. You will be notified within 2-3 weeks. Upon application approval, you will be required to sign a license agreement and pay the initial low-cost entry fee. You will receive our detailed start-up guide to assist you in planning the opening of your center. Successful completion of the full teacher training workshop is required of all teachers before opening a center.

Non-refundable application fee enclosed: \$100.00* _____

_____ Signature

_____ Print name

Make check payable to:

Kids' MusicRound, LLC

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* Please note: This fee can be charged to a credit card by contacting the office. 609-333-0100.

FOR OFFICE USE ONLY:

Date application approved: _____

Date application declined: _____

Reviewed by: _____

Date license agreement prepared: _____

Date license agreement signed: _____