



## LWFC LICENSEE APPLICATION

**Language Workshop for Children International, Inc.**

**888 Lexington Ave., New York, NY 10065**

licensing@thibauttechnique.com  
 212.396.0830 (P) • 212.396.1372 (F)

- Partners and Co-Program Managers please submit separate applications,
- Please submit with a \$95 Application Fee (deductable from your licensing Setup fee if your application is approved; otherwise non-refundable).

**GENERAL**

Applicant Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**APPLICANT ROLE** I will act as  both an Instructor and Program Manager  
 a Program Manager only

**APPLICANT BACKGROUND**

What language(s) (including English) do you speak with native fluency?  
 \_\_\_\_\_

**Foreign language fluency not necessary for a non-teaching Program Manager**

Are you teaching languages now (or have in the past)?  Yes  No

Are you associated with (in any way) a school, company, or program offering foreign languages?  Yes  No

If Yes, which language(s)? \_\_\_\_\_

If Yes, does it serve children?  Yes  No

If Yes, what is (or was) your role? \_\_\_\_\_

If Yes, please specify the entities name, location, and website address \_\_\_\_\_

\_\_\_\_\_

In addition to the above, are you associated with a school, company, or program that serves children (or were you in the past)?  Yes  No

If Yes, please specify the entities name, location, and website address \_\_\_\_\_

\_\_\_\_\_

If Yes, what is (or was) your role? \_\_\_\_\_

Have you entered into a license, distributorship, or franchise agreement in the past?  Yes  No

If yes, please specify \_\_\_\_\_

Have you been convicted of a criminal offense?  Yes  No

If yes, please specify \_\_\_\_\_

**SITE(S)** My program will offer LWFC classes at the following site(s):

\_\_\_\_\_ City/Town, Neighborhood, Zip Code      \_\_\_\_\_ City/Town, Neighborhood, Zip Code

Initially offering LWFC classes through a  Full-time leased facility or storefront  
 Day-rented facility or community center

**LANGUAGE(S)** My program will offer the following LWFC program language(s):

- [ ] French      [ ] Chinese  
[ ] Spanish    [ ] Italian

To start, my program is planned to offer approx \_\_\_\_\_ LWFC classes per day \_\_\_\_\_ days per week.  
If approved, my program would begin offering LWFC classes in approximately \_\_\_\_\_ months.

- PROGRAM**    [ ] My LWFC classes will be offered under a program name that is still in development.  
                  [ ] My LWFC classes will be offered under the existing program named below

\_\_\_\_\_  
Name of Corporation/Partnership/LLC

\_\_\_\_\_  
Website Address

**APPLICANT EMPLOYMENT (MOST CURRENT EMPLOYER FIRST)**

Employer Name, Department, Location	Job Title, Duties	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT EDUCATION, CERTIFICATIONS, LICENSES**

School, City, State	Major/Studies	Degree/Cert/License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUR INTEREST**

Why do you want to offer LWFC classes? (If necessary please continue on attachment)

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

**APPLICANT SIGNATURE**

I certify that all information on this application (and attachments) is accurate. If my application is approved the LWFC is permitted to perform a background check on me, and I will provide my social security number for that purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE CHARGE MY CREDIT CARD** for the \$95 Application Fee

Alternatively please feel free to mail your application with a check to the LWFC address at top.

Name of Cardholder \_\_\_\_\_ Today's Date \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_