



10 Sentry Parkway Suite 200 P.O. Box 3001 Blue Bell, PA 19422-3001 Tel (610) 397-6500 Fax (610) 397-0450 www.foxrothschild.com

ELEANOR VAIDA GERHARDS Direct No: 215.918.3642 Email: EGerhards@FoxRothschild.com

June 11, 2021

## VIA ELECTRONIC FILING

State of Wisconsin
Department of Financial Institutions
Bureau of Regulation & Enforcement Division of Securities
201 W. Washington Avenue, 4th Floor
Madison, WI 53703

## Re: Renewal Registration for SCA Franchising Corporation d/b/a SCA Appraisal Services – File #626747

Dear Sir or Madam:

Please find the renewal franchise application for SCA Franchising Corporation d/b/a SCA Appraisal Services e-filing including:

- 1. \$400.00 filing fee;
- 2. the Uniform Franchise Application (Form A);
- 3. the Franchisor Costs and Sources of Funds (Form B);
- 4. the Uniform Consent to Service of Process (Form C);
- 5. the Franchise Seller Disclosure Forms (Form D);
- 6. the Consent of Accountant (Form F);
- 7. the Certification;
- 8. one clean copy of the Franchise Disclosure Document and exhibits; and
- 9. one redlined copy of the Franchise Disclosure Document and exhibits.





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Kindly notify me of any comments or deficiencies in this application. Thank you very much for your assistance in this matter.

Very truly yours,

Eleanor Vaida Gerhards

EVG:mmm

cc: Mr. Timothy W. P. Davis



## (Form A) UNIFORM FRANCHISE REGISTRATION APPLICATION

File No: 626747

State:	Wisconsin		Fee:	\$400.00	
APPLIC	CATION FOR				
	INITIAL	REGISTRATION OF AN O	FFER A	ND SALE OF FRANCHISES	
X	PRE-EFFECTIVE AMENDMENT  POST-EFFECTIVE AMENDMENT  Full Legal Name of Franchisor: SCA Franchi  Name of the Franchise Offering: SCA Apprair  Franchisor's Principal Business Address:  SCA Franchising Corporation 3817 West Magnolia Boulevard Burbank, CA 91505  Name and address of Franchisor's agent in the  Commissioner of Securities 201 West Washington Avenue Fourth Floor Madison, Wisconsin 53703 (608) 261-9555  The states in which this application is or will	NUAL R	EPORT		
	PRE-EFF	ECTIVE AMENDMENT			
	POST-EF	FECTIVE AMENDMENT			
1.	Full Legal Name of	Franchisor: SCA Franchisi	ng Corp	oration	
2.	Name of the Franchise Offering: SCA Appraisal Services				
3.	Franchisor's Principal Business Address:				
	3817 West Magnolia				
4.	Name and address of Franchisor's agent in this State authorized to receive service of process:				
	201 West Washingto Fourth Floor Madison, Wisconsin	n Avenue			
5.	The states in which	this application is or will be	e shortly	on file:	
	· · · · · · · · · · · · · · · · · · ·			nnesota, New York, North Dakota, Rhode Island n.	
6.	Name, address and	telephone and facsimile nu	mbers, a	and email address of nerson to whom	

Eleanor Vaida Gerhards
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Suite 200 P.O. Box 3001
Blue Bell, PA 19422-3001
Tel (610) 397-6500 Fax (610) 397-0450
www.foxrothschild.com

communications regarding this application should be directed.

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