



Deal Number:
XX-XX-XXX-01

Prospective Licensee Application

Property:
Attention:
From:
Date:

I. COMPANY INFORMATION

- A. Name of Company: _____
- B. Years in Business: _____
 # of Employees: _____
- C. Total Annual Revenues: _____
- D. Address: _____
 City/State/Zip: _____
 Country: _____
 Tel/Fax: _____
 Web Site: _____
 Subsidiary or Related Companies: _____
- E. Principal Management: _____
 - 1) President: _____
 - 2) Chief Financial Officer: _____
 - 3) Legal Contact: _____

II. LICENSING HISTORY

A. List your top five licensed properties held in the past five years in order of success:

- | | |
|----------------------------|----------------------------|
| 1) Property: _____ | 4) Property: _____ |
| Product Categories: _____ | Product Categories: _____ |
| Years Under License: _____ | Years Under License: _____ |
| 2) Property: _____ | 5) Property: _____ |
| Product Categories: _____ | Product Categories: _____ |
| Years Under License: _____ | Years Under License: _____ |
| 3) Property: _____ | |
| Product Categories: _____ | |
| Years Under License: _____ | |

B. List all current licenses and any licenses expected to run in conjunction with this program.

	Property	Years under License	% of Current Business
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

C. Maximum # of licenses per year: _____



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III. PRODUCT/MANUFACTURING/CREATIVE INFORMATION

A. Where do you manufacture your product(s)? _____

B. Do you own the manufacturing facilities? Yes No

- 1) What type of plants? _____
- 2) Where are they located? _____

C. What percentage of inventory is produced in owned plants? _____
What is maximum capacity production? _____

D. Who does your product design and artwork? _____

IV. SALES/DISTRIBUTION INFORMATION

A. Describe your sales force:

- 1) In-house sales force? Yes No If yes, how many? _____
- 2) Outside reps? Yes No If yes, how many? _____

B. Indicate current percentages (of your total business) for each channel of distribution:

() Chain Stores	() Department	() Mass Merchants
() Catalog	() Specialty Stores	() Other ()

C. List top five accounts (company name), and contact phone number.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

V. MARKETING INFORMATION

A. Who (age and gender) do you target with your products?

B. Please list your main competitors.

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



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C. If you receive the proposal license, which of the following promotion and publicity vehicles are likely to be incorporated into your marketing plans?

- Consumer Advertising:
 - TV
 - Radio
 - Magazines
 - Newspapers
 - Others ()
- Trade Advertising (list names publications, etc.):

-
- Point-of-Sale Materials
 - Contests/Sweepstakes
 - Trade Show Booths (list regularly attended trade shows):

Showroom Displays (list special "market" events):

Formal Sales Meetings (list annual events):

VI. LICENSING HISTORY

A. Bank Reference

Name: _____
 Address: _____

B. Bank Contact

Name _____
 Phone: _____
 Fax _____
 E-mail: _____

C. Credit Reference

Name: _____
 Address: _____

 Phone: _____
 Fax _____
 E-mail: _____

Name: _____
 Address: _____

 Phone: _____
 Fax _____
 E-mail: _____