

# 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) Founder and Creative Officer: \_\_\_\_\_
  - 2) Founder and CFO: \_\_\_\_\_
  - 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: _____<br>Product Categories: _____<br>Years Under License: _____ | 4) Property: _____<br>Product Categories: _____<br>Years Under License: _____ |
| 2) Property: _____<br>Product Categories: _____<br>Years Under License: _____ | 5) Property: _____<br>Product Categories: _____<br>Years Under License: _____ |
| 3) Property: _____<br>Product Categories: _____<br>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) | _____    | _____               | _____                 |

C. Maximum # of licenses per year:

**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?    0  
 What is maximum capacity production? Current facilities capacity at 5,000 units per style
- 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): Mass market
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. \_\_\_\_\_

<b>Deal Number:</b>
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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 (Blog and social media)

Trade Advertising (list names publications, etc.):

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

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Showroom Displays (list special "market" events):

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Formal Sales Meetings (list annual events):

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