



PRODUCT LICENSE APPLICATION
(All information is confidential)

1.

A. BASIC COMPANY INFORMATION

Company Name: _____
Contact Person: _____
Address: _____
City/Province: _____ Postal Code: _____
Telephone: _____ Fax: _____
E-mail: _____ Website: _____

B. COMPANY HISTORY

The Company has been in business under its current name for _____ years.
Full Legal Name of Company
And Head Office Address: _____

Fiscal Year End of Company: _____
Place of Incorporation (City, Province): _____
List any branch office locations: _____

C. OWNERSHIP/MANAGEMENT INFORMATION

Principal owners/key management positions (Name, Title):
1. _____ 2. _____
3. _____ 4. _____

2. FINANCIAL INFORMATION

A. Bank Reference:

Name: _____
Branch: _____
Address: _____
Bank Contact: _____ Telephone: _____

B. Credit References:

1. _____ 2. _____ 2

3. MANUFACTURING INFORMATION

Please provide a brief description of your company and a summary of products your company is known for. For each product to be considered for license, please indicate;

- a) the manufacturer of the product
- b) where the product will be manufactured (Country)
- c) locations of principal plants
- d) if portions of the manufacturing will be subcontracted to other manufacturers

Please specify which licenses your firm currently holds or has previously held:

Licensing Company Property Years under License

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

4. SALES AND DISTRIBUTION:

A. Check the method(s) that best describe how your product(s) are sold:

- Sales People _____ Number on Staff _____
- Distributor _____ Territory Covered _____
- Telephone _____ Print Advertisements _____
- Direct Mail _____ Trade & Gift Shows _____
- Other (describe): _____
- Total number in sales force including corporate, reps, agents, etc. _____

B. Company sales volume for:

- Most recent year: _____
- Previous year: _____

C. Current Distribution: International _____ National _____
 Regional (number of provinces) _____

% of Sales Volume Leading Accounts

Sold & Buyer(s)

Type of Account:

- 1. National Chains _____
- 2. Regional Chains _____
- 3. Department Stores _____
- 4. Buying Offices _____
- 5. Discount Stores _____
- 6. Drug Stores _____
- 7. Food Stores _____
- 8. Convenience Stores _____
- 9. Catalogue Stores _____
- 10. Toy Stores _____
- 11. Souvenir Stores _____
- 12. Gift Stores _____
- 13. Other (specify) _____ 3

D. Estimate of Wholesale Dollar Volume of the items you wish to manufacture under this license:

First ensuing year _____ Second ensuing year _____

E. Key Accounts to whom you plan to sell the licensed products:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

F. If you currently manufacture a similar type of item, what was its wholesale dollar volume for most recent year? _____

G.

Please list three trade contacts who would be able to provide us with an opinion on your company's product line and performance:

Company Contact Phone #

1. _____
2. _____
3. _____

5. MARKETING INFORMATION

A. Do you plan to conduct any advertising or promotion to support the product(s)?

Yes _____ No _____

B. If yes, what type? _____

Consumer advertising: _____

Sales/Trade Incentives: _____

Co-op Advertising: _____

Trade Advertising: _____

In-Store Materials: _____

Other: _____

C. What amount of advertising, promotion and merchandising funds do you plan to spend in support of this new licensed product in your first operational year?

\$ _____

6. PRODUCT CATEGORY

A separate page should be completed for each product category you wish to license.

A. Description of Product Category for which you seek a license:

B. Average Unit Wholesale Price: \$ _____

C. Estimated Unit Retail Price: \$ _____ 4

D. Total Projected Wholesale Revenue: \$ _____

E. Minimum Guaranteed Royalty: \$ _____

F. Initial Marketing Date

(date product to be presented to buyers): _____

7. ROYALTY STRUCTURE

Royalty is ten percent (10%) of the wholesale price.

Please attach financial statements or annual reports for the previous two years. You may be required to give written permission to obtain a bank reference and/or complete a Credit Investigation Consent Form.

The information given in this application fairly represents my business and is accurate to the best of my knowledge.

The undersigned acknowledges that this is only an application for license and that unless an express authorization or license is granted to the applicant, it is expressly prohibited to use and/or reproduce any of the official marks, trade marks, emblems, symbols, logos or any other of the extensive intellectual property rights of the Royal Canadian Mounted Police.

Signature: _____ Position: _____

Date: _____

Please attach any other information you think may be helpful in evaluating your application.

RETURN COMPLETED APPLICATIONS BY FAX TO:

The RCMP Foundation
203-2460 Lancaster Road
Ottawa, Ontario
K1B 4S5
Canada
Fax number 613-741-7778

The RCMP Foundation retains the right to not award a license for a product.