



LICENSE APPLICATION FORM

PROSPECTIVE LICENSEE STATEMENT

The undersigned hereby affirms that answers to the questions within this application are true and complete, except where such question calls for estimates or projections, and that all questions have been answered in good faith and to the best of the applicant's knowledge, on behalf of the company listed.

Name of Applicant (Company Name): _____

Signature: _____ Date: _____

Name of signatory: _____

Title of signatory: _____

I have authority to bind the organization.

PLEASE RETURN SIGNED & SCANNED COMPLETE APPLICATION TO:

licensing@metrolinx.com

COMPANY INFORMATION

1. Legal Company Name: _____

2. Company also known or doing business as: _____

3. Company Website: _____

4. Primary Address: _____

Street

City

Province/State

Postal Code/Zip

Country

5. Telephone: _____

6. E-Mail: _____

7. Primary Licensing Contact: _____

8. Years in Business: _____

9. Have any claims been filed against this company or related entities for trademark, copyright, patent infringements, or for product liability? YES NO
If yes, attach a separate sheet explaining all details, including final resolution

10. Type of Organization (Select One):
Include additional owner, partner, and officer information. Use additional sheet if necessary

1. Corporation

2. Partnership

3. Proprietorship

4. Other - please describe: _____

11. Number of Employees (including self): _____

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FINANCIAL INFORMATION

1. Equifax Number: _____
2. Most current Equifax Rating: _____
3. Please include a copy of your most recent Equifax Report.
4. Have there been any voluntary or involuntary bankruptcies of the company or related entities?
 Yes No *If yes, attach a separate sheet providing all details, including disposition.*
5. Company's gross revenue/sales volume for past 4 years (All Products)

	Gross Revenue / Sales Volume
Year:	\$
Year:	\$
Year:	\$
Year:	\$

INSURANCE INFORMATION

1. Does your company carry product liability insurance? Yes No
2. Carrier: _____
3. Individual/Aggregate limits: _____
4. Please include a copy of your product liability insurance certificate.

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TRADEMARK LICENSE INFORMATION

1. Does your company currently manufacture products under license?
 Yes No *If yes, see question 2.*
2. Identify any current trademark licenses held by your company including licensor information, licensed product(s) and the length of Licenses. *Please attach a separate sheet if necessary.*

Metrolinx reserves the right to contact the reference persons named below in order to assess the Applicant's corporate capacity to perform and manage projects of a similar scope, complexity and estimated value, previous experiences, and corporate history as part of the evaluation.

LICENSE A

Licensor: _____ Contact: _____
Address: _____
Licensed Product(s) _____
No. of years license held: _____

LICENSE B

Licensor: _____ Contact: _____
Address: _____
Licensed Product(s) _____
No. of years license held: _____

LICENSE C

Licensor: _____ Contact: _____
Address: _____
Licensed Product(s) _____
No. of years license held: _____

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PROPOSED PRODUCT INFORMATION, SALES & MANUFACTURING

1. Please select all categories for which you wish to obtain a license.

- Apparel
 Promotional Items
 Model Vehicles & Real Property Replicas
 Other:

2. Please select all trademarks for which you wish to obtain a license.

- Metrolinx logo
 GO Transit logo
 UP Express logo
 PRESTO logo
 Other: _____

3. Please list all products you would like to produce, the wholesale price range, suggested retail price, and proposed royalty percentage. *Attach a separate sheet if necessary.*

	Category	Product	Wholesale Price Range	Suggested Retail Price	Proposed Royalty %
E.g.	Apparel	Ladies Sweater	\$X - \$X	\$Y-\$Y	10%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

4. Please describe your quality control procedures for licensed products:

5. Please indicate that you have read and agreed to the terms of Schedule C: Supplier Code of Conduct to ensure compliance with appropriate standards regarding fair labour standards and human rights, including any compliance, monitoring, audit, or other [see draft agreement Schedule C: Supplier Code of Conduct]:

Please indicate you have agreed to the terms of Schedule C: Supplier Code of Conduct:

Yes No

6. Requested distribution channels:

Select all that apply "X"	Channel	Please detail (e.g. website, store names, location):
	A. Online E-Commerce	
	B. Stores (brick-and-mortar)	
	C. Catalog	
	D. Pop-up Retail	
	E. Other	

7. Geographic Area to be covered:

8. Estimated annual gross wholesale dollar sales for products manufactured under the Metrolinx license:

9. Proposed annual minimum guarantee (minimum due at end of each year regardless of sales):

10. Desired date(s) that the product will be available to the public:

11. Will the product(s) be used in conjunction with any other proprietary marks?

Yes No *If Yes, identify marks:*

12. Describe any advertising, promotion materials, or programs you plan to use to market the Metrolinx products:

13. Will your company actually manufacture the product(s)?: Yes No

If yes, location of manufacturing plant (city/country): _____

If no, identify manufactures or subcontractors where the licensed products will be made:

Company: _____

Address: _____

Street

City	State	Zip/Postal Code	Country
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Contact/Position: _____

Telephone Number: _____

Email: _____

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CONFLICT OF INTEREST

If box below is left blank, the Applicant will be deemed to declare that (a) there was no Conflict of Interest relating to the preparation of this License Application; and (b) there is no foreseeable Conflict of Interest in performing any resultant contract.

If the statement below applies, check (“X”) the box.

- (a) The Applicant declares that there is an actual or potential Conflict of Interest relating to the preparation of its License Application, and/or the Applicant foresees an actual or potential Conflict of Interest in performing any resultant contract. Details as follows:

The following individuals, as employees, advisers, or in any other capacity (a) participated in the preparation of our license application (whether as employees, advisers, or in any other capacity); AND (b) were employees, advisers or Consultants of Metrolinx at any time within the twelve (12) months prior to the Closing:

Name of Individual: [Click here to enter text.]
Job Classification: [Click here to enter text.]
Department: [Click here to enter text.]
Last Date of Employment with Metrolinx: [Click here to enter text.]
Name of Last Supervisor: [Click here to enter text.]
Brief Description of Individual’s Job Functions: [Click here to enter text.]
Brief Description of Nature of Individual’s Participation in the Preparation of the License Application: [Click here to enter text.]

Conflict of Interest means, in relation to this License Application:

(a) the Applicant has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to (i) having, or having access to, confidential information of Metrolinx in the preparation of its License Application that is not available to other Applicants, or (ii) communicating with any person with a view to influencing preferred treatment in this License Application process (including but not limited to the lobbying of decision makers involved in this License Application process); or

(b) in relation to the performance of the resultant contractual obligations from this License Application, the Applicant’s other commitments, relationships or financial interests (i) could, or could be seen to, exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgement, or (ii) could, or could be seen to, compromise, impair or be incompatible with the effective performance of its contractual obligations.

ADDITIONAL INFORMATION

Please enclose any additional information you believe will help Metrolinx evaluate your license request. This additional information may include, but is not limited to, the following list below.

If the information was included within your application, check (“X”) the box.

- Catalogs, brochures and promotional materials that display your company’s products.
- Materials/drafts showing how your company proposes to use Metrolinx marks on products.
- Full listing of manufacturers
- Sales and Marketing Plan

Metrolinx may request a product sample similar to the proposed product upon receipt of this application and prior to a meeting between Metrolinx and the Applicant. Metrolinx may also request further clarification or information in relation to the License Application at any time.

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