



**THE HENRY LICENSING GROUP, INC.**  
*A Licensing Company*

**PROSPECTIVE CLIENT INFORMATION**

Please **COMPLETE** and return this form to the following address:

The Henry Licensing Group  
*Attn: Renée Sanders*  
152 Charis Lane | Statesville, NC 28677  
Phone: 704-528-3290 | Fax: 704-528-9550

**COMPANY INFORMATION:**

Name of Company: \_\_\_\_\_

Other Assumed Names if Used (if any): \_\_\_\_\_

State of Incorporation or Organization: \_\_\_\_\_

Type of Entity:

\_\_\_\_\_ Corporation

\_\_\_\_\_ Limited Liability Corporation

\_\_\_\_\_ Partnership

\_\_\_\_\_ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Street Address (if different than above): \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Is your company: Public  or Privately Held

Website Address: \_\_\_\_\_

D&B Number: \_\_\_\_\_

Most Current D&B Rating: \_\_\_\_\_

*\*Please include a copy of your most recent D&B Report.*

Federal Tax ID #: \_\_\_\_\_

**OWNERSHIP/MANAGEMENT INFORMATION:**

Describe the ownership structure of your business (complete name and business address) for principal owner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal Management:

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Sales Director: \_\_\_\_\_

Marketing/Advertising Director: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Counsel (if applicable): \_\_\_\_\_

Years in Business: \_\_\_\_\_

Have you **EVER** applied for a license or corresponded with a team or NASCAR:

Yes  No

**INFORMATION ON PRODUCT(S) TO BE SUBMITTED FOR LICENSING:**

Description of Product(s) for which you seek a license: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identify the properties for which you seek a license: \_\_\_\_\_

	<b>Quantity to be Produced</b>	<b>Wholesale Price</b>	<b>Retail Price</b>
<b>Product 1</b>			
<b>Product 2</b>			
<b>Product 3</b>			
<b>Product 4</b>			
<b>Product 5</b>			

Requested Term of License Agreement: \_\_\_\_\_

Has the Product(s) been tested for compliance with:

American Society for Testing & Material Standards:  Yes  No

Consumer Products Safety Commission Standards:  Yes  No

If no testing, indicate method for ensuring compliance: \_\_\_\_\_

---

---

Will the product(s) be used in conjunction with any other trademarks or proprietary rights?  Yes  No

Identify: \_\_\_\_\_

Source of Rights: \_\_\_\_\_

### **MARKETING INFORMATION:**

Describe any advertising and promotional materials or programs you plan to use to market the above product(s): \_\_\_\_\_

---

Describe anticipated timing for the marketing and production of each proposed licensed product: \_\_\_\_\_

Does your company use an advertising agency?  Yes  No

<b>Name</b>	<b>Address</b>	<b>Contact</b>	<b>Telephone #</b>

What amount of advertising promotion and merchandising funds do you plan to spend in support of this new licensed product(s) for the first year should you receive a license?

\$ \_\_\_\_\_

What type?

Consumer Advertising

Trade Advertising

In-Store Materials

Sales/Trade Incentives

Other: \_\_\_\_\_

Does your company have design capabilities?  Yes  No

If yes, who?  Company Art Dept.  Free Lance  Agency

Does your company have a formal quality control program?  Yes  No

If yes, what criterion is used for Quality Control? \_\_\_\_\_

### **MANUFACTURING INFORMATION:**

Will your company actually manufacture this product(s)?  Yes  No

If not, who will produce this product(s)? (Manufacturing Agreement Required)

Name	Address	Key Contact	Telephone #

Where will this product be manufactured?  US Domestic  Foreign  Both

Number of factories involved in manufacture of product(s): \_\_\_\_\_

Location of principal plants:

Name	Address	Telephone/Fax #s

Do you purchase blank goods and apply the logo? \_\_\_\_\_ If yes, please complete the information below:

Name	Address	Telephone #

Do you purchase the logo from a third party? \_\_\_\_\_ If yes, please complete the information below:

Name	Address	Telephone #

Do you apply the logo to the goods at your company address? \_\_\_\_\_ If no, please complete the information below:

Name	Address	Telephone #

Are you a distributor?  Yes  No

*If yes, please attach a list that includes the name, address and telephone number of the manufacturer(s) from whom you purchase logoed goods.*

Does your company supply blank goods?  Yes  No

*If yes, please attach a list that includes a full description of the blank goods.*

**SALES AND DISTRIBUTION INFORMATION:**

	2004	2005	Projected 2006
Parent Company Sales			
Parent Company Operating Profit			
Parent Company Inventory Levels			

	2004	2005	Projected 2006
Total Licensed Sales			
Licensed Operating Profit			
Licensed Inventory Levels			

Distribution Capability:  National: No. of States: \_\_\_\_\_

International: No. of Countries: \_\_\_\_\_

Territory where license requested: \_\_\_\_\_

Sales Force:  Own Sales Force – No. of salespersons: \_\_\_\_\_  
 Reps, Jobbers, etc. – No. \_\_\_\_\_  
 Agents – No. \_\_\_\_\_  
Total No. of Sales Force: \_\_\_\_\_

Current Distribution:

<b>Type of Account</b>	<b>% of Sales Volume</b>	<b>Leading Accounts Sold</b>
National Chains		
Regional Chains		
Department Stores		
Buying Offices		
Discount Stores		
Drug Stores		
Food Stores		
Convenience Stores		
Toy Stores		
Other		

Estimate the annual dollar volume of the product(s) you wish to manufacture under this license:

	<b>Year 1</b>	<b>Year 2</b>
<b>Product 1</b>		
<b>Product 2</b>		
<b>Product 3</b>		
<b>Product 4</b>		
<b>Product 5</b>		

Proposed Royalty Structure: \_\_\_\_\_

Proposed Minimum Guaranteed Royalty: \_\_\_\_\_

Accounts to whom you plan to sell the licensed product(s):

<b>Wholesale</b>	<b>Retail</b>	<b>Other</b>

If you currently manufacture a similar type of item, what was its wholesale dollar volume for the most recent year: \_\_\_\_\_

Please list three (3) trade references we can contact, who would be able to provide us with an opinion on your company's product line and performance:

<b>Company Name</b>	<b>Contact</b>	<b>Telephone Number</b>
1.		
2.		
3.		

List trade shows where you submit your product: \_\_\_\_\_

\_\_\_\_\_

List other products your company sells that are not included in this license application:

\_\_\_\_\_

\_\_\_\_\_

**LICENSING INFORMATION:**

Does your company currently manufacture any other products under licensing contracts?

Yes                       No

Specify which licenses your firm currently holds:

<b>Licensing Company</b>	<b>Property</b>	<b>Years Under License</b>
1.		
2.		
3.		
4.		
5.		
6.		

**INSURANCE:**

Does your company carry product liability insurance:  Yes                       No

If so, complete section below:

Insurance Carrier: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Individual Amount: \_\_\_\_\_

Aggregate Annual Limit: \_\_\_\_\_

Expiration: \_\_\_\_\_

Deductible: \_\_\_\_\_



**FINANCIAL INFORMATION:**

**Bank Reference**

<b>Name</b>	<b>Branch</b>	<b>Address</b>	<b>Contact</b>	<b>Telephone #</b>	<b>Fax #</b>

**Credit References (2):**

<b>Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Fax #</b>
1.			
2.			

**Please include the following with this COMPLETED application:**

- 1. Most recent annual report or authorized financial statement**
- 2. Non-refundable application fee of \$100 (made payable to The Henry Licensing Group)**
- 3. A business plan for the product(s)**
- 4. A sample prototype of each product you wish to have considered for a license**
- 5. Catalogs, brochures and promotional materials that reference your company's products**

