ANNE OF GREEN GABLES
LICENSING AUTHORITY INC.

Application

1. Name of applicant _____

   Company name *(if different)* _____

   Contact person *(if different)* _____

   Mailing address _____

   City _____ Postal code _____

   Telephone _____ Fax _____

2. Type of operation:

   ☐ Craft

   ☐ Manufacturing or processing

   ☐ Retail *(specify)* _____

   ☐ Service *(specify)* _____

   ☐ Other *(specify)* _____

3. Place of manufacture (if applicable):

   ☐ Prince Edward Island

   ☐ Other Canadian province *(speciy)* _____

   ☐ Other country *(specify)* _____

4. Annual volume of sales for your business:

   ☐ Under $25,000

   ☐ $25,000 - $100,000

   ☐ $100,000 - $250,000

   ☐ $250,000 - $500,000

   ☐ $500,000 - $ 1 million

   ☐ Over $1 million

5. (a) Is your proposed Anne product, service or event currently, or was it ever previously, licensed by someone other than the Anne of Green Gables Licensing Authority?

   ☐ Yes ☐ No

   (b) If yes, please specify the name of the licensor; _____

   _____

***Please note:** Questions six (6) through nine (9) should be completed on a separate sheet for every "Anne of Green Gables" or other "Anne" product, service or event to be licensed. (Photocopy as required.)*

6. Description of Anne of Green Gables product, service or event to be licensed:

_____

_____

_____

_____

In addition to description, please submit pictures or sketches of each item to be licensed. Actual samples may also be required.

7. Estimated volume of sales for each Anne of Green Gables product, service or event:
   (a) Projected number of units to be sold annually _____
   (b) Projected annual sales ($) _____
   (c) Approximate selling price of each item ($) _____ ☐ Retail ☐ Wholesale

8. If licensed, where will your Anne of Green Gables product, service or event be sold?
   ☐ Prince Edward Island only ☐ Rest of Canada *(specify)* _____
   ☐ Maritimes only ☐ Other country *(specify)* _____

9. Please attach any additional information and/or literature you feel is relevant to your application.

Declaration of Applicant

(a) The information given in this application is, to the best of my knowledge and ability, complete, true and correct.

(b) I will provide all information and samples requited by the Anne of Green Gables Licensing Authority to complete the assessment of this application.

_____

Name and title of authorized company officer *(Please print or type)*

_____ _____

Date Signature of applicant or authorized company officer

Send completed application to:

☐ **Anne of Green Gables**
Licensing Authority Inc.

94 Euston Street, P.O. Box 910
Charlottetown, P.E.I.
C1A 7L9

Telephone: (902) 569-7787
Fax: (902) 368-6301

☐ **Anne of Green Gables**
Licensing Authority Inc.

29 Commercial Rd., Suite 205
Toronto, Ontario
M4G 1Z3

Telephone: (416) 971-7473