



CANADIAN FOOTBALL LEAGUE – LICENSE APPLICATION

COMPANY INFORMATION

Company Name _____ Owner Name _____

Street Address _____

Mailing Address _____

City _____ Province/State _____ Country _____ Postal Code/Zip _____

Phone () _____ - _____ Fax () _____ - _____ Toll Free 1- _____ - _____ - _____

Company Web Site: _____

Principle Licensing Contact & Title _____ Phone () _____ - _____

E-mail: _____

Sales Contact _____ Phone () _____ - _____

E-mail: _____

Marketing Contact _____ Phone () _____ - _____

E-mail: _____

Accounting Contact _____ Phone () _____ - _____

E-mail: _____

Company also known as or doing business as _____

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.

Note: Renewal option is for licenses that are inclusive of all CFL teams.



CANADIAN FOOTBALL LEAGUE

CFL NEW LICENSEE APPLICATION

COMPANY DESCRIPTION

1. Type of organization (select one): *Include additional owner, partner, and/or officer information. Use an additional sheet if necessary.*
 - a. _____ Corporation Inception Date _____ State/Province _____ Employer ID: _____
 - b. _____ Partnership Inception Date _____ State/Province _____
Owner/Partner _____ Title: _____
 - c. _____ Proprietorship Inception Date _____
 - d. _____ Other Explain _____
2. Number of employees _____ (including self)
3. List any previous names for this business and/or names of businesses operated by any principal of this company within the last five years: _____
4. Provide the names and titles of each Executive Management team member

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
5. Company's gross revenue/sales volume for past four years (All products)

_____ (year)	\$ _____
_____ (year)	\$ _____
_____ (year)	\$ _____
_____ (year)	\$ _____
6. Company's gross revenue/sales volume forecast for the next 3 years (CFL products)

_____ (year)	\$ _____
_____ (year)	\$ _____
_____ (year)	\$ _____
_____ (year)	\$ _____



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FINANCIAL INFORMATION

1. Names of individuals and/or companies who are prominent investors in the company:

Name/Company: _____ Title: _____

Name/Company: _____ Title: _____

Name/Company: _____ Title: _____

Name/Company: _____ Title: _____

Name/Company: _____ Title: _____

2. Have there been any voluntary or involuntary bankruptcies of the company or related entities? Yes No

If yes, please attach a separate sheet providing all details, including disposition.

TRADEMARK LICENSE INFORMATION

1. Identify any current trademark licenses held by your company including licensor information, licensed product(s) and length of Licenses. Please attach a separate list if necessary.

Licensor: _____ Contact: _____

Address: _____

Licensed product(s): _____

Length of License: _____ Total royalty growth during license: _____

Licensor: _____ Contact: _____

Address: _____

Licensed product(s): _____

Length of License: _____ Total royalty growth during license: _____

Licensor: _____ Contact: _____

Address: _____

Licensed product(s): _____

Length of License: _____ Total royalty growth during license: _____



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INSURANCE INFORMATION

Please provide a certificate of insurance.

BUSINESS PLAN OVERVIEW

An overview of the company's applied approach to the CFL business.

Please include the following areas:

- Proposed Concept for License
- Sales Channels & Retailers
- Co-op Marketing & Advertising
- Detailed Product offering by Category and Style
- Future Development Initiatives

PRODUCT INFORMATION

Please list the product categories for which you wish to obtain a license. Attach a separate sheet if necessary.

	Category	Sub Category	Product	Brand/Label	Wholesale Price Range	Suggested Retail Price Range
<i>e.g.</i>	<i>Apparel</i>	<i>Ladies</i>	<i>Fleece</i>	<i>ABC</i>	<i>\$X - \$X</i>	<i>\$Y - \$Y</i>
1						
2						
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9						
10						
11						
12						

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PRODUCTION & MANUFACTURING INFORMATION

1. Does your company (or a wholly owned subsidiary of your company) plan to manufacture/apply the logo(s) to the finished product?
Yes No

If no, please provide the following information for the company applying the logo to the product. Attach a separate sheet if necessary.

Factory or Company Name _____
Street Address _____
City _____ State/Province _____ Zip _____ Ph () _____
Contact Name _____ E-mail _____

Factory or Company Name _____
Street Address _____
City _____ State/Province _____ Zip _____ Ph () _____
Contact Name _____ E-mail _____

2. Do you plan to purchase blank goods from other manufacturers and apply the logo? Yes No

If yes, please provide the following information for all companies from which you purchase blank goods. Attach a separate sheet if necessary.

Company Name _____
Street Address _____
City _____ State/Province _____ Zip _____ Ph () _____
Contact Name _____ E-mail _____

Company Name _____
Street Address _____
City _____ State/Province _____ Zip _____ Ph () _____
Contact Name _____ E-mail _____



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3. Have any special patents or exclusive use of processes and technologies been obtained for use in creation of your product(s)?

If yes, please provide an overview of the types involved. Attach a separate sheet if necessary

Yes No

4. Will finished blank goods feature your company logo on garment labels?

Yes No

5. Are you a retailer of the finished product?

Yes No

If yes, please provide a complete description and the location of the retail operation.

6. Have you activated Direct to Consumer web sales?

Yes No

If yes, please provide the website address and a one page business plan outline related to this area.

7. Does your company supply blank goods or produce finished items under sublicense for other brands?

Yes No

If yes, please provide a list of the brand(s) these items are produced for.

8. Will a related entity sell the finished product?

Yes No

If yes, please provide the entity's name and relationship between the two companies. Attach a separate sheet if necessary.

Company Name_____

Relationship_____

9. Are you a distributor?

Yes No



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10. Are external sales distributors used for finished product fulfillment to Retail channels? Yes No

If yes, please provide the entity's name and relationship between the two companies. Attach a separate sheet if necessary.

Company Name _____ Relationship _____

Channel & Retailers _____ Territory _____

Company Name _____ Relationship _____

Channel & Retailers _____ Territory _____

Company Name _____ Relationship _____

Channel & Retailers _____ Territory _____

Company Name _____ Relationship _____

Channel & Retailers _____ Territory _____

LICENSE APPLICANT STATEMENT

- I hereby affirm that my answers to the above questions are, to the best of my ability, true, accurate, and complete. The Canadian Football League (CFL) will verify information through available resources where applicable. I understand that any license which may be granted to me by CFL will be subject to immediate termination, without the return of any amount paid or the abatement of any amount due, in the event CFL finds that I have supplied false, misleading, fraudulent, or incomplete information.
- I hereby acknowledge the proprietary nature of all terminology and marks of CFL's clients. I agree that I will make no use of any of CFL's clients' marks or terminology without written consent of CFL. I understand the acceptance of this application by CFL does not constitute a license or that such acceptance requires CFL to enter into any licensing agreement.

Officer/Agent of Co.: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____