| WOODSY OWL® LICENSING PROGRAM **LICENSEE APPLICATION** |
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***Burden Statement***

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| GENERAL COMPANY INFORMATION |

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| 1. Your Name: | Title: |
| 2. Company Name:  Address:  City:       State:       Zip: | |
| 3. Type of Company:  Proprietorship Partnership  Corporation Subsidiary/Division of        Other  Name of the person who has the authority to sign Licensing Contract (If different from above): | |
| 4. Phone: | |
| 5. Fax: | |
| 6. E-mail:       Website: | |
| 7. Years in Business:       Annual Sales Volume: | |
| 8. Royalty reporting point of contact (if different from above) | |
| 9. Are your products made in USA?       If not, where are they made?  If Sub-Contractors used, please name: | |
| 10. Other Licenses Held: | |
| 11. What are the products you would like us to consider for licensing? | |
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| 12. Who is your target market for each of the above products? | |
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| 13. What are your channels of distribution for each product? | |
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| 14. How does this product promote environmental conservation and Woodsy Owl’s mission? | |

| **FINANCIAL PROPOSAL** | | | | |
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| 15. Sales Forecasts: | | | | |
| Product | Sales Units | Wholesale $/Unit | Gross Sales  $ | Per Unit  Retail Price $ |
| a. |  |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |
| d. |  |  |  |  |
| e. |  |  |  |  |
| 16. Proposed term of License       You may choose 1 to 5 Year(s) | | | | |
| 17. Proposed Advance on Royalties: | | | | |
| 18. Proposed Minimum Guarantee on Sales: | | | | |
| 19. Marketing Date (when product(s) will be available at retail):       months | | | | |
| 20. Other Information that may be helpful in consideration of this application:    **Thank you for completing this Application!** | | | | |

***Please return the signed and completed application to*** [***WoodsyOwl@themetisgroup.com***](mailto:WoodsyOwl@themetisgroup.com) ***or fax it to 202.822.5082. If you have any questions, please call Libby Kavoulakis at 202.822.5080.***

| WOODSY OWL® LICENSING PROGRAM **LICENSEE APPLICATION APPROVAL FORM** |
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***To be completed by Representative for USDA Forest Service:***

APPROVAL STATUS:

Approved as submitted

Not approved as submitted

COMMENTS:

APPROVED BY: DATE: