**Prospective Licensee Application**

Thank you for your interest in Sanrio!

Please fill out the Prospective Licensee Application and return it with the following supporting materials:

* Current company catalog or sell sheets
* Complete Financial Statements of the past two years, signed and certified by your accountant
* Existing product samples of each item
  + samples will not be returned
  + we will not be able to review applications unless they are complete with product samples

**Sanrio do Brasil**

**Rua Samuel Morse, 134 – 12º Andar**

**CEP 04576-060**

**Brooklin – São Paulo – SP**

**Brasil**

**Attn: João Paulo Martins**

**International Licensing Manager**

**joaopaulo@sanrio.com.br**

**Phone: 55 11 3515 5168**

**Fax: 55 11 3515 5185**



*Nothing herein shall be construed to create any legally binding obligations on either party. The purpose of this documentation is simply to gather information for which the parties might negotiate a mutually acceptable, definitive, and appropriate licensing agreement.*

*All information provided on this form will be treated as* ***strictly confidential*** *by Sanrio do Brasil, and will not be released to third parties.*

**COMPANY INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **C****ompany Name:** |  | **Year Established:** |  |
| **A****ddress:** |  | **No. of Employees:** |  |
| **Tax Company No.:** |  |
| **Phone:** |  |
| **Country:** |  | **Web Site:** |  |

**CONTACT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Licensing Contact:** |  | **Legal Representative:** |  |
| **Phone:** |  | **Phone:** |  |
| **E-Mail:** |  | **E-Mail:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Finance Contact:** |  | **Design Contact:** |  |
| **Phone:** |  | **Phone:** |  |
| **E-Mail:** |  | **E-Mail:** |  |

**BRIEF DESCRIPTION OF THE COMPANY’S BUSINESS AND HISTORY:**

|  |
| --- |
|  |

**ANNUAL SALES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Sales**  **(US dollars):** | **2011:** | **2012:** | **2013:** |

**CURRENT LICENSES HELD:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Properties** |  | **Number of Years** |  |
|  |  |
|  |  |

**PROPERTIES REQUESTED:**

|  |  |
| --- | --- |
| [ ] Hello Kitty | [ ] Kuromi |
| [ ] Chococat | [ ] My Melody |
| [ ] Keroppi | [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TERRITORY (IES) REQUESTED:**

|  |  |
| --- | --- |
| [ ] Argentina  [ ] Brazil  [ ] Colombia  [ ] Peru  [ ] Venezuela  [ ] Central America | [ ] Bolivia  [ ] Chile  [ ] Ecuador  [ ] Uruguay  [ ] México |

**CURRENT DISTRIBUTION CHANNELS:**

|  |  |
| --- | --- |
| **Current Distribution Channel** | **% of Business** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**CHANNELS OF DISTRIBUTION REQUESTED: (Mark all that apply)**

|  |  |  |
| --- | --- | --- |
| **Channels** | | |
| [ ] All | | [ ] Licensee Website |
| [ ] Book stores | | [ ] Membership/Club stores |
| [ ] Convenience stores | | [ ] Newsstand/Kiosks |
| [ ] Department stores | | [ ] Licensee website |
| [ ] Mid-Tier Department stores | | [ ] Office Supply stores |
| [ ] Discount/Outlet stores | | [ ] Optical stores |
| [ ] Drug stores | | [ ] Party Goods stores |
| [ ] DTR/Licensee´s own stores | | [ ] Restaurants |
| [ ] Duty Free stores | | [ ] Sanrio stores |
| [ ] Electronic stores | | [ ] Specialty Chains |
| [ ] Footwear stores | | [ ] Sporting Goods stores |
| [ ] Gift stores | | [ ] Supermarkets/Food stores |
| [ ] Home Improvement stores | | [ ] Toy stores |
| [ ] Independent retail stores | |  |
| *If you check any of the following Distribution Channels, please, detail the Companies you would work with in each channel.* | | |
| [ ] Internet website |  | |
| [ ] Catalog/Direct Mail |  | |

|  |
| --- |
| *SPECIAL OBSERVATIONS:* |
|  |

**DISTRIBUTORS/WHOLESALERS**

|  |  |
| --- | --- |
| *If you plan to distribute your products through a Distributor or Wholesaler, please check the following and detail the companies you will be working with.* | |
| [ ] Distributors |  |
| [ ] Wholesalers |  |

**PRODUCT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **In House Design**  **(yes/no)** |  | **Sub-Contract Manufacturer(yes/no)** |  |
| **Countries of**  **Manufacture** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Product**  **(Licensed Article)** | **Image**  **(For reference only)** | **On-Shelf Date** | **Complete product description (Including pieces, size, package…)** |
|  |  |  |  |
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| --- |
| *SPECIAL OBSERVATIONS:* |
|  |

**PROPOSED PRODUCT PRICING:**

|  |  |  |
| --- | --- | --- |
| Product | Wholesale Price (USD)  minus taxes | Retail Price (USD) |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |

**PROPOSED WHOLESALE SALES PROJECTION (2 years):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Product** | **Wholesale price per unit minus taxes (USD)** | **Sales Projection**  **Year 1** | | **Sales Projection**  **Year 2** | | **Total Sales Revenue in**  **2 years (USD)** |
| **(units)** | **(USD)** | **(units)** | **(USD)** |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

**MARKETING SUPPORT AND ADDITIONAL REQUIREMENTS:**

* Licensee must spend one percent (1%) of Licensee’s annual Net Sales for the Licensed Articles on their own marketing actions and promotions
* Licensees must contribute one percent (1%) of Licensee’s annual Net Sales for the Licensed Articles to Licensor´s marketing fund to be used by Licensor or its designated agent in marketing actions or promotional events.
* Licensees must obtain insurance coverage (minimum aggregate amount USD 1 million)

**BANK REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bank Name** | **Contact Person** | **Branch Address** | **Telephone** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**COMMERCIAL REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name**  **(Supplier/Customer)** | **Contact Person** | **Address** | **Telephone** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**DECLARATION:**

I hereby certify that the above information is correct and accurate to the best of my knowledge.

|  |
| --- |
| **Name** |
|  |
| **Title** |
|  |
| **Date** |
|  |
| **Signature** |
|  |