



# 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:  

<input type="checkbox"/> Craft	<input type="checkbox"/> Retail <i>(specify)</i> _____
<input type="checkbox"/> Manufacturing or processing	<input type="checkbox"/> Service <i>(specify)</i> _____
	<input type="checkbox"/> Other <i>(specify)</i> _____
  
3. Place of manufacture *(if applicable)*:  
 Prince Edward Island  
 Other Canadian province *(specify)* \_\_\_\_\_  
 Other country *(specify)* \_\_\_\_\_
  
4. Annual volume of sales for your business:  

<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$250,000 – \$500,000
<input type="checkbox"/> \$25,000 – \$100,000	<input type="checkbox"/> \$500,000 – \$1 million
<input type="checkbox"/> \$100,000 – \$250,000	<input type="checkbox"/> 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:

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*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 required 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.

Holman Building  
Confederation Court Mall  
25 University Ave., P.O. Box 910  
Charlottetown, P.E.I.  
C1A 7L9

Telephone (902) 368-5969  
Fax (902) 368-6301

ANNE OF GREEN GABLES  
LICENSING AUTHORITY INC.

179 John Street, Suite 404  
Toronto, Ontario  
M5T 1X4

Telephone (416) 340-1143  
Fax: (416) 340-1699