



**WEST COAST CONFERENCE**  
**Application for License Agreement**

Please provide all information requested. Attach additional sheets if necessary.

**GENERAL INFORMATION**

1. Legal Company Name:
2. Address:
3. City:
4. State:
5. Zip Code:
6. Country:
7. Phone Number:
8. Toll Free Number:
9. Fax Number:
10. Location of other offices:
11. Other names under which you do business: DBA's: _____ Brand Names/Labels: _____
12. Does your company have an Internet site? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list address)
13. Year company began operations:
14. Your company's tax ID #:
15. Is your organization privately or publicly held? <input type="checkbox"/> Private <input type="checkbox"/> Public (please list stock exchange and trading symbol)
16. Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> State: _____ <input type="checkbox"/> Year Incorporated: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Year formed: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Year Initiated: _____ <input type="checkbox"/> Other (please explain): _____

## SIZE, SALES, AND FORECASTS

17. How many employees does your company have?

18. What was the dollar volume of your wholesale sales for your last fiscal year?

19. What was the dollar volume of your wholesale sales of licensed goods for your last fiscal year?

20. List all WCC product(s) you wish to produce and their respective wholesale prices. Please be specific, and list weights for apparel.

21. Please provide your forecasted sales for WCC licensed goods for the next 2 years. Show both quantities and dollar volume.

## MANUFACTURING

22. For blank products, are you the

- Manufacturer
- Distributor
- Other (please explain)

23. If you are not the manufacturer, who manufactures the blanks? Please list all manufacturers. Attach additional sheets if necessary.

Name:

Address:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax #:

Contact person and title:

24. If you manufacture your apparel blanks, do you also sell the blanks undecorated?

- No
- Yes (please list label or brand name)

25. Do you design the graphics?

No

Yes

26. If you do not design the graphics, do you apply the graphics to the products yourself?

No

Yes

27. Please list all companies that apply graphics to the product(s), OR, if you apply the graphics yourself, please list your plant(s). Attach additional sheets if necessary.

Name:

Address:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax#:

Contact person and title:

28. Method of applying marks to the product(s):

Screenprinting

Embroidery

Other (please explain)

29. Where are your products manufactured?

United States

Other (please specify)

30. When do you plan to begin production of products bearing our marks?

31. When do you expect to submit final samples to our office?

### HISTORY

32. Have you produced any items bearing WCC marks prior to this application?

No

Yes (please explain on separate sheet)

33. Are you licensed with other universities or entities?

No

Yes (please list specific universities)

34. Have you been terminated for cause by a licensor in the past 5 years?

No

Yes (please explain on separate sheet)

35. Have any products you produced ever been involved in a product liability claim?

No

Yes (please explain on separate sheet)

### **DISTRIBUTION AND ADVERTISING**

36. What is your proposed method of distribution? (i.e.: mass market, gifts, specialty, campus bookstores, direct mail, department stores, supermarkets, stationery, wholesale clubs, or other special market)

37. List companies to which you market:

38. How will you market WCC goods? (i.e. television, radio, print to consumers, trade print, direct mail)

39. To what geographic area do you market?

40. What is the advertising expenditure planned for WCC goods?

## CONTACTS

41. Please list your company contacts for the following areas:

### Company President

Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Licensing Agreement Contact

Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Sales and Royalty Reporting

Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Artwork Approval

Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**DECLARATION**

I have read and understand the above application and hereby state that to the best of my knowledge all information provided is accurate. I also grant the West Coast Conference permission to verify as well as exchange information on the company filing this application, including requesting reports from credit reporting agencies. I am aware that this information may be used to evaluate this application. Upon request to you in writing, I will be told the name and address of any agency that has provided a credit report on the company filing this application. I understand and agree that application does not constitute permission to begin production and/or offer products for sale. I understand and agree that unauthorized use of any West Coast Conference marks is a violation of both state and federal law, subject to criminal and civil remedies, and that such use will result in immediate and irreparable harm to West Coast Conference. I understand that all licensees of the West Coast Conference are required to abide by the Worker Rights Consortium Model Code of Conduct in the manufacture and distribution of their services and products.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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**IMPORTANT - PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

1. Representative samples of all products you wish to be licensed initially. If requesting a license for apparel, please attach a sample of the necklabel which will be in the garment(s). Please ensure that the sample is an accurate representation of the products you wish to produce for WCC, specifically, that it is of the same stock and the design is applied in the same manner. For example, if you wish to be licensed to produce and sell embroidered sweatshirts, send a sample from your stock that is embroidered on the same blank that you wish to use for WCC.

2. Checklist:      \_\_\_\_\_ Completed, signed application form  
                          \_\_\_\_\_ samples  
                          \_\_\_\_\_ attachments, if any  
                          \_\_\_\_\_ \$250 primary or \$125 secondary application processing fee.  
                          Checks payable to **West Coast Conference**.

**Return application and supporting materials to:**

**West Coast Conference**  
**Attn: Licensing**  
**1111 Bayhill Drive, Suite 405**  
**San Bruno, CA 94066**  
**(650) 873-8622 phone**  
**(650) 873-7846 fax**  
**sleykam@westcoast.org**