



LICENSING APPLICATION

Please complete all applicable fields.
This will ensure timely processing of your request.

Outdoor Identities, LLC
N922 Tower View Drive, Suite 101
Greenville, WI 54942
920-757-1188 - Office • 920-757-1199 - Fax

GENERAL INFORMATION

Legal Company Name

(dba if different than above)

Mailing address:

Street:

City:

State:

Zip:

Shipping address:

Street:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

COMPANY CONTACT INFORMATION

Primary Contact

Marketing Contact:

Other Contact:

Name:

Name:

Name:

Phone:

Phone:

Phone:

Mobile:

Mobile:

Mobile:

E-mail:

E-mail:

E-mail:

Sales Contact:

PR & Press Contact:

Other Contact:

Name:

Name:

Name:

Phone:

Phone:

Phone:

Mobile:

Mobile:

Mobile:

E-mail:

E-mail:

E-mail:

PRODUCT INFORMATION

Description of Product(s) for desired license:

Date of Licensed Product Introduction into Market:

Method of Packaging & Product Identification:

Source for Decorating if Product Utilizes Water Transfer Films:

Fabrics Used or Needed for Manufacturing:

Quality Control Measures:

Production Capabilities: (no minimums required)

SELECT FISHOUFLAGE PATTERN TO BE LICENSED ON PRODUCT (check corresponding box)

FISHOUFLAGE™ Bass	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Walleye	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Mini Crappie	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FISHOUFLAGE™ Crappie	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Carp	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Mini Musky	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FISHOUFLAGE™ Musky	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Mini Bass	YES <input type="checkbox"/>	NO <input type="checkbox"/>	FISHOUFLAGE™ Mini Walleye	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MANUFACTURING INFORMATION (If applicant does not manufacture product, please provide the following information)

Manufacturer Name

(dba if different than above)

Mailing address:

Street:

City: **State:** **Zip:**

Country: **Region:** **Province:**

Company Contact: **Phone:**

Fax: **E-Mail:**

ANNUAL SALES PROJECTIONS (Complete if applicable.)
This information assists us in planning licensing support programs.

YEAR ONE

YEAR TWO

YEAR THREE

ANNUAL YARDAGE / FILM PER METER (Complete if applicable.)
This information assists us in manufacturing film and fabrics.

YEAR ONE

YEAR TWO

YEAR THREE

DISTRIBUTION INFORMATION

Where is your product distributed?

North America

Europe **Region/Country:**

Other

DISTRIBUTION POINT-OF-SALE (Check all that apply)

Mass Merchants (Wal-mart, K-Mart)	
Retail Stores (Cabela's, Bass Pro, Etc)	
Catalog/Mail Order	
Internet	
Grocery Chains	
Hardware Stores	
Specialty Stores (C-Stores)	
Military Exchange	
Other:	

Please submit by email or mail to the below address:

Office Manager
Outdoor Identities, LLC
 N922 Tower View Drive, Suite 101
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 barb@outdooridentities.com

