



Application for License

INSTRUCTIONS: Please answer each question on this application, either in the space provided, or by attaching additional documentation as necessary. If you attach additional documents, please number each Attachment and answer the question as "See Attachment 1".

This Application is for the Licensed Territory of:

1. Please state the full legal name, address, phone and fax number of your company:

Name: PARK VIAGGI SRL
 Address: DORSODURO CALLE SAN PANTALON 3944

 City: VENICE
 State/Province: VE
 Country: ITALY
 Post Code: 30123
 Telephone: ++390415200988
 Fax: ++390415208770

2. State the full name, email address and telephone number of the individual(s) with responsibility for each of the following areas within your organization:

	<u>Contact Name</u>	<u>Email Address</u>	<u>Telephone Number</u>
General Management:	MANNI FRANCO	franco@parkviaggi.it	++390415200988
Financial:	MANNI FRANCO	franco@parkviaggi.it	++39041715144
eCommerce:	MINATO FRANCESCA	incoming@parkviaggi.it	++390415200988
Marketing:	PELLIZZON SILVIA	incoming@parkviaggi.it	++390415200988
Sales:	MINATO FRANCESCA	incoming@parkviaggi.it	++390415200988

ORGANIZATION

A Gray Line License may be granted to Proprietorships, Partnerships or Corporations. Inasmuch as the Gray Line name and mark are protected by U.S. and International law, no organization may include the words "Gray Line" in a registered name of a Proprietorship, Partnership or Corporation registered with any governmental agency. Notwithstanding the above, organizations holding a Gray Line License in good standing are permitted, subject to the provisions of the Governing Documents, to use the name and mark of Gray Line in a trading capacity.

3. **The company applying for the Gray Line Licenses is organized as a:**

- Proprietorship (If selected, answer question (a) below)
- Partnership (If selected, answer question (b) below)
- Corporation (If selected, answer question (c) below)

a. **Proprietorship.** List each owner's name, home address, telephone number, email address, number of years in business, and describe the nature and extent to which the owner actively participates in the operation of the business. Also, please identify any affiliation with a current or former member or owner of Gray Line.

Owner's Name	Telephone Number	Email Address
Number of Years in Business	Role Within Company	Gray Line Affiliation
Owner's Home Address		
Owner's Name	Telephone Number	Email Address

Number of Years in Business	Role Within Company	Gray Line Affiliation
Owner's Home Address		

- b. **Partnership.** For every partner (general or limited), include their name, home address, email address, telephone number, number of years in business and extent to which the partner actively participates in the operation of the business. Also, please identify any affiliation with a current or former member or owner of Gray Line.

Partner's Name	Telephone Number	Email Address
MANNI FRANCO	++393296959899	franco@parkviaggi.it
Number of Years in Business	Role Within Company	Gray Line Affiliation
44	administrator general manager	
Partner's Home Address		
via Roviego 71/a Martellago venezia		

Partner's Name	Telephone Number	Email Address
MINATO FRANCESCA	++393297810855	incoming@parkviaggi.it
Number of Years in Business	Role Within Company	Gray Line Affiliation
24	incoming Manger	
Partner's Home Address		
Via Roviego 71/a Martelalgo Venezia		

- c. **Corporation.** Identify when and where the entity was incorporated and the name, address and telephone number of the registered agent for service of process. List the name, address, telephone number and email address for each director and officer. Also identify any stockholder owning 10% or more of the issued and outstanding stock and state whether, to the best of your knowledge, such stockholder owns the full beneficial interest in the stock, or is trustee or nominee for someone else. If the shares are being held by a trustee or nominee, identify the name of the person and/or entity, and list his/hers/its legal address, email address and telephone number. Also, identify whether the entity or any individual related thereto is affiliated with any current or former member or owner of Gray Line.

Where Incorporated: _____

Registered Agent

Registered Agent Name	Telephone Number
Address	

Directors and Officers

Director/Officer Name	Position	Email Address
Telephone Number	Address	

Director/Officer Name	Position	Email Address
Telephone Number	Address	

Director/Officer Name	Position	Email Address
Telephone Number	Address	

Director/Officer Name	Position	Email Address
Telephone Number	Address	

Shareholders owning 10% or more of issued and outstanding stock)

Shareholder Name	% Company Stock Owned	Stock Owner/ Trustee/ Nominee
MANNI FRANCO	10	Please select from list
MINATO FRANCESCA	90	Please select from list
		Please select from list
		Please select from list
		Please select from list
		Please select from list

If any identified shareholder serves as a Trustee or Nominee for a third party, please complete the following:

Shareholder (From Above)	Third Party Name:	Third Party Email Address
Third Party Telephone Number	Third Party Legal Address	

Shareholder (From Above)	Third Party Name:	Third Party Email Address
Third Party Telephone Number	Third Party Legal Address	

Does any person or entity named in any of the above have any affiliation with any current or former Licensee of Gray Line? If so, please explain in the space provided.

NO
NO

BUSINESS OPERATIONS

The following questions ask for specific details about your commercial operations and, if approved, how you intend to operate as Gray Line within a Licensed Territory. For the purposes of this application, the following definitions apply:

Lectured Sightseeing Tours: A tour (seat-in-coach, walking, marine or other) with either live or pre-recorded commentary.

Per Capita Sightseeing: Company offers guaranteed departure, Lectured Sightseeing tours for individuals with no minimum number of passengers required.

Group Sightseeing: Company offers Lectured Sightseeing tours, but departures are not guaranteed and a minimum number of passengers may be required.

Per Capita Airport Transfers: Company offers transfers from the major airport(s) within the Licensed Territory to a central location or individual hotels with no minimum number of passengers required.

Charter Operations: Company offers vehicles for hire to third parties and may or may not provide Lectured Sightseeing in conjunction with such services depending upon the requirements of the hiring third party.

4. Please indicate if your Company provides the following Services and identify the operating party:
 - a. Per Capita Sightseeing? **YES** Operated By: **Third Party**
 - b. Group Sightseeing? **YES** Operated By: **Company**
 - c. Per Capita Airport Transfers? **YES** Operated By: **Company**
 - d. Charter Operations? **YES** Operated By: **Company**

5. If any of the Services identified in #4 are provided by a third party, please provide the name of the operating company:
 - a. Third Party Per Capita Sightseeing Services provided by: TURIVE
 - b. Third Party Group Sightseeing Services provided by: OWN
 - c. Third Party Per Capita Airport Transfer Services provided by: OWN
 - d. Third Party Charter Operations provided by: OWN

6. How long has your Company provided the Services identified in #4 above: **20 Year(s)**

7. Are the operations of your Company comprised exclusively of the Services identified above? **NO**

15. Is the main office of the Company and Garage Facilities for the Vehicles identified in #14 located within the proposed Licensed Territory? **YES**

a. If you answered "NO" to question 15, please provide detail in the space provided:

16. Please describe the location of your offices within the proposed Licensed Territory. Please include all retail sales locations where consumers may purchase or redeem vouchers for Services. If the office is located in a hotel or other landmark location, please provide the name of hotel or location as opposed to the street address. Attach additional sheets if necessary.

Type of Office	Brief Description	Location of Office
Please Select	80 SQUARE METERS 2 ROOMS WITH 8 PLACE OF BUSINESS	DORSODURO 3944 VENICE
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		
Please Select		

17. Please provide information on each and every insurance policy currently in effect for your Company. You must also include insurance policy information for any third party operating the Services identified in #4. Attach additional sheets listing each policy if necessary.

Type of Policy	Name of Issuer	Policy Number
CIVIL RESPONSABILTY	VITTORIA ASSICURAZIONE	8000140000904677
Issuer Telephone Number	Issuer Contact Name	Policy Limits
++39041972341	CASAULA ENZA	€3.000.000-
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
CIVIL RESPONSIBILITY TURIVE	MONDIAL ASSISTANCE	191600
Issuer Telephone Number	Issuer Contact Name	Policy Limits
		€2.065.827,60
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
MARTINI BUS CIVIL RESPONSABILTY	UNIPOL SAI	6140500802944
Issuer Telephone Number	Issuer Contact Name	Policy Limits
0039041959511	ZIPPONI GIOVANNI	€25.000.000,00
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
	ALLIANZ	45595664
Issuer Telephone Number	Issuer Contact Name	Policy Limits
		€ 30.000.000,00
Policy Issuer Address		

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18. Has your Company and/or the third parties identified in #5 ever had an insurance policy cancelled and/or denied for any reason? **NO**

a. If you answered "YES" to question 18, please provide detail in the space provided:

REFERENCES, AFFILIATIONS AND OBLIGATIONS

The following questions ask for specific details about your business relationships and obligations as a prospective Licensee of the Gray Line Corporation.

19. Please provide the name, address and telephone number of your primary banking institution as well as a contact name, email address and telephone number of an account representative:

Bank Name	Contact Name	Contact Email Address
UNICREDIT	CAZZIOLA MILCO	milco.cazziola@unicredit.eu
Contact Telephone Number	Bank Telephone Number	Bank Fax Number
	++390418040538	00390418940760
Bank Address		

20. Please provide at least three Online Travel Agencies, Wholesale Tour Operators, Transportation Companies or other travel industry entities with which your company has done business in the last twelve months.

Company Name	Contact Name	Contact Email Address
TRANSHOTEL	MARYLIN ALONSO	malonso@transhotel.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
	incoming service	10 years

Company Name	Contact Name	Contact Email Address
ABREU ON LINE	RUI CONCEICAO	rui.conceicao@abreonline.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
00351214156142	incoming service	8 years

Company Name	Contact Name	Contact Email Address
CIVITATIS	Alberto Gutierrez	alberto@civitatis.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
	incoming service	2 years

21. Please list your active affiliations with organizations such as ASTA, IATA, CLIA, NBTA, PATA, JATA and/or any other transportation or travel industry organizations. Also, please indicate your personal level of involvement and whether or not your affiliation has ever been suspended, revoked or denied for any reason.

Organization	Personal Involvement	Sanctions
ASTA	Member	Please Select
IATA	Member	Please Select
ETOA	Member	Please Select
HRG	Member	Please Select
TRAVEL TO MARKETING	Member	Please Select

a. If sanctions have ever been imposed, please provide a description of the situation and the outcome in the space provided:

22. If your Application for License is approved, will you comply with the provision to use the Gray Line reservation, ticketing and distribution system in the operation of your sightseeing, tour and transfer business, pursuant to the mutually agreed terms and conditions as detailed on Exhibit B? **YES**

23. If your Application for License is approved, will you comply with the provision to use the Gray Line brand in the operation of your sightseeing, tour and transfer business as more fully set forth on Exhibit C? **YES**
24. Having been provided with and read a copy of the Gray Line License Agreement, and having had time to consult with counsel or other advisors, are you willing to execute a License Agreement and fulfill the duties and obligations set forth therein? **YES**
25. If your Company is granted a Gray Line License, will you comply with the License, Bylaws, Standards and Financial Policies of the Gray Line Corporation? **YES**
26. If your Company is granted a Gray Line License, are you willing to attend the Annual General Meeting and Marketing Conference (and any Regional Meetings) held the year your License is granted? **YES**

ADDITIONAL DOCUMENTATION

You must submit legible copies of the following along with your Application for License. If the documents are not in English, please provide a translation of the pertinent details:

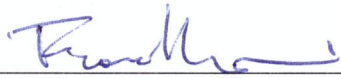
1. \$7,500 Grant Royalty Payment. Should your Application be denied for any reason, the sum of \$1,000 shall be retained by the Gray Line Corporation as a processing fee. The remaining \$6,500 is fully refundable.
2. One (1) copy of the local license, permit, certificate and/or ordinance that authorizes your Company or the third parties identified in #5 to provide the Services identified in #4 within the proposed Licensed Territory.
3. One (1) copy of your most recent financial statement, including a balance sheet, income statement, statement of cash flow and footnotes indicating applicable accounting policies. If Company financial statements are in a currency other than US\$ and/or a non-English language, applicant agrees to provide acceptable conversions and translations.
4. One (1) copy of your automobile and general liability insurance policy covering both bodily injury and property damage for our Company and any third party as identified in #5. [Note: If approved for a License, Gray Line Corporation must be named as an additional insured pursuant to the terms and conditions of the Gray Line License agreement.]
5. Digital photos in JPEG format of the interior/exterior of equipment/vehicles used to provide the Services identified in #4
6. Digital photos in JPEG format of the interior/exterior of the Company's main offices and facilities
7. One (1) physical copy (or scanned copy in Adobe PDF format) of the Company's sightseeing brochure
8. One (1) copy in Adobe PDF format of a screen shot of the home page of the Company's web site
9. One copy in PDF format of the proposed Licensed Territory (provided to you by Gray Line as EXHIBIT A)

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I hereby certify that the statements made by me herein on this _____ day of Please Select, 2013, are true and correct to the best of my knowledge (including any and all statements made within any and all attachments hereto), and I am duly authorized by the Applicant-Company to make such certification and to file this Application for License.

SIGNATURE of APPLICANT

APPLICANT (Licensee):

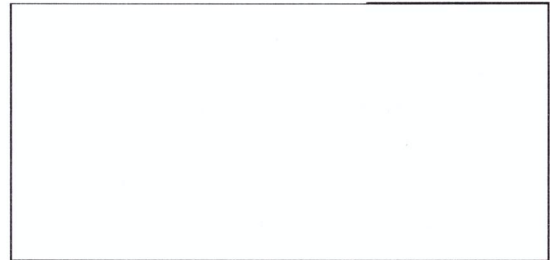

Name: Franco Manni
Company: Park Viaggi srl
Title: Administrator - General Manager

Executed in the CITY OF _____, STATE OF _____ or COUNTRY OF _____.

NOTARY PUBLIC

On this _____ day of _____, 20____, the above-named individual appeared before me, being duly sworn, stated that he/she is the _____ (Title) of _____ (Company), and being duly authorized to do so, executed the foregoing Application on behalf of said Company, and that the statements contained herein are true and correct.

Affix Notary Seal Below:



NOTARY PUBLIC

My commission expires: _____