



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: Vividus d.o.o., Adriatic4you Travel
 Address: Put Salduna 3
 City: Trogir
 State/Province:
 Country: Croatia
 Post Code: 21220
 Telephone: +385 21885 143, +385 91 510 8513
 Fax: +385 21885158

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:

	Contact Name	Email Address	Telephone Number
General Management:	Miro Pavković	miro@adriatic4you.com	+385 91 510 8513
Financial:	Diana Rozić	racunovodstvo@vividus.hr	+385 91 410 8514
eCommerce:	Stjepan Brešan	admin@adriatic4you.com	+385 91 233 0312
Marketing:	Biljana Pavković	biljana@adriatic4you.com	+385 91 233 0202
Sales:	Vinka Pavković	info@adriatic4you.com	+385 91 410 8514

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
Miro Pavković	+385 91 510 8513	miro@adriatic4you.com
Number of Years in Business	Role Within Company	Gray Line Affiliation
5	Director	
Owner's Home Address		
Put Salduna 3, 21220 Trogir		
Owner's Name	Telephone Number	Email Address

Biljana Pavković	+385 91 233 0202	biljana@adriatic4you.com
Number of Years in Business	Role Within Company	Gray Line Affiliation
5	Director	
Owner's Home Address		
Put Salduna 3, 21220 Trogir		

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

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

- 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
		Please select from list
		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.

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: **Company**
 - b. Group Sightseeing? **YES** Operated By: **Company**
 - c. Per Capita Airport Transfers? **YES** Operated By: **Company**
 - d. Charter Operations? **YES** Operated By: **Third Party**

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:
 - b. Third Party Group Sightseeing Services provided by:
 - c. Third Party Per Capita Airport Transfer Services provided by:
 - d. Third Party Charter Operations provided by: Toto Travel, ST Adventure

6. How long has your Company provided the Services identified in #4 above: **5 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
Main Office	Adriatic4you Trogir	Gradska 12
Retail Sales Center	Adriatic4you Trogir 2	Kneza Trpimira 2
Retail Sales Center	Adriatic4you Split	Kresimirova 3
Sales Kiosk or Booth	Apodos d.o.o.	Drvenička 25
Sales Kiosk or Booth	Adriatic4yu Trogir	Obala Bana Berislavića bb
Sales Kiosk or Booth	Adriatic4you Medena beach	Hrvatskih Žrtava bb
Sales Kiosk or Booth	Adriatic4you Okruk beach	Toć bb
Sales Kiosk or Booth	Adriatic4you Slatine beach	Put Porta
Hotel Sales Counter	Hotel Radisson Split	Put Trstenika 14
Hotel Sales Counter	Hotel Medena Trogir	Hrvatskih Žrtava bb
Hotel Sales Counter	Le Meridien Lav Split - Adriatic Pearl Travel	Grljevačka ulica 2
Retail Sales Center	Toto Travel Split	Trumbićeva Obala 2
Retail Sales Center	Turist Biro Split	Obala Hrvatskog narodnog preporoda 12
Retail Sales Center	Split Tours	Ulica XII. Dalmatinske brigade 10
Retail Sales Center	Adriatica Transfers Split	Ulica Kraj Svetog Ivana 2

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
Liability insurance	Jadransko osiguranje	OV0680001237
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+385 21 393 111	Marin Ribičić	2015
Policy Issuer Address		
Varaždinska 54, 21000 Split		

Type of Policy	Name of Issuer	Policy Number
Travel Guarantee Fund Insurance	Jadransko osiguranje	OV0680003451
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+385 21 393 111	Marin Ribičić	2015
Policy Issuer Address		
Varaždinska 54, 21000 Split		

Type of Policy	Name of Issuer	Policy Number
Accident policy during tours	Jadransko osiguranje	OV0680003450
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+385 21 393 111	Marin Ribičić	2015

Policy Issuer Address
Varaždinska 54, 21000 Split

Type of Policy	Name of Issuer	Policy Number
Accident policy during tours, Adventure Dalmatia	Generali osiguranje d.d.	P41-1020020773
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+385 1 46 00 400	Sandra Jelić Miloš	2015
Policy Issuer Address		
Bani 110, 10010 Zagreb		

Type of Policy	Name of Issuer	Policy Number
osiguranje putnika na izletima		
Issuer Telephone Number	Issuer Contact Name	Policy Limits
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
All vehicles have automobile liability insurance and all-risk insurance	Jadransko osiguranje	K06800069100
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+385 21 393 111	Andelko Mamut	August 2015
Policy Issuer Address		
Varaždinska 54		

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
Zagrebacka Banka - Unicredit Group	Mirjana Budic	mirjana.budic@unicreditgroup.zaba.hr
Contact Telephone Number	Bank Telephone Number	Bank Fax Number
+385 21 352 323		
Bank Address		
Ivana Gundulica 26 a, 21000 Split, Croatia		

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
Apodos d.o.o.	Marijana Kosta	info@apodos.com.hr
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+385913562744	wholeseller tour operator and transportation company	4years

Company Name	Contact Name	Contact Email Address
Tucan Travel	Renato Smes	renato@friffin-travel.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+385913491615	online travel agency	6months

Company Name	Contact Name	Contact Email Address
Kompas hr travel	Aleksandra Puksar	aleksandra.puksar@kompas.hr
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+38598357122	wholesale tour operator	3years

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
UHPA - association of croatian travel agencies	Member	No Sanctions Whatsoever
	Please Select	Please Select
	Please Select	Please Select
	Please Select	Please Select
	Please Select	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:

- \$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.
- 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.
- 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.
- 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.]
- Digital photos in JPEG format of the interior/exterior of equipment/vehicles used to provide the Services identified in #4
- Digital photos in JPEG format of the interior/exterior of the Company's main offices and facilities
- One (1) physical copy (or scanned copy in Adobe PDF format) of the Company's sightseeing brochure
- 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)

***** CONTINUED ON NEXT PAGE *****

I hereby certify that the statements made by me herein on this 30 day of September, 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: Miro Pavkovic
Company: Vividus d.o.o. Adriatic4you Travel
Title: Owner

Executed in the CITY OF Trogir, STATE OF Splitsko-Dalmatinska or COUNTRY OF Croatia.

NOTARY PUBLIC

On this 01th day of OCTOBER, 2014, the above-named individual appeared before me, being duly sworn, stated that he/she is the DIRECTOR (Title) of VIVIDUS d.o.o. (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:

PETAR ŽANKO, TROGIR, H. GUPCA 1
NOTARY PUBLIC

My commission expires: / /



Ja, javni bilježnik, Petar Žanko, Trogir, Matije Gupca 1 potvrđujem da je

MIRO PAVKOVIĆ, Trogir, Put Salduna 3, meni osobno i po imenu poznat, kao direktor Društva VIVIDUS d.o.o., sa sjedištem u Trogiru, Grad Trogir, Put Salduna 3, upisanog u Sudskome registru Trgovačkoga suda u Splitu, pod MBS 060250285, koje činjenice o postojanju društva i ovlaštenom zastupniku, sam utvrdio, putem Interneta danas u 15:45 sati, uvidom u središnju bazu podataka Sudskog registra, u mojoj nazočnosti priznao potpis na pismenu kao svoj. Potpis na pismenu je istinit.

Javnobilježnička pristojba za ovjeru po tar. br. 11. st.4. ZJP naplaćena je u iznosu od 10,00 kn, a dokaz u mojim spisima. Javnobilježnička nagrada zaračunata u iznosu od 30,00 kn + PDV 25% (7,50 kn), a trošak 0,00 kn + PDV 25% (0,00 kn).

*Broj: OV-8291/14
U Trogiru, 01.10.2014.*

*Javni bilježnik
Petar Žanko
Za javnog bilježnika
javnobilježnički prisjednik
Ana Pavković*



EXHIBIT A

LICENSED TERRITORY ORIGIN MAP

LICENSED TERRITORY NAME: Croatia

MAP:



DEFINITION OF LICENSED TERRITORY: The Licensed territory for Croatia shall include Croatia.

EXHIBIT B
TECHNOLOGY SUBLICENSE

I. PURPOSE

The Parties agree that within not more than Ninety (90) days of the Effective Date of this License, that they will execute a sub-license of the Gray Line reservation, ticketing and distribution system (the "System"). Licensee agrees to use the system in the operation of their sightseeing, tour and transfer business, so long as the System pricing is maintained at the levels stipulated herein. In the event the System pricing increases by more than 10% over a five (5) year period, the Licensee shall have the right to immediately terminate the sublicense in their sole discretion.

II. SUBLICENSE FORM

Subsequent to the mutual agreement between the Parties, the final sublicense shall be incorporated into this License as Attachment 1.

III. RESIGNATION AND TERMINATION

In the event the License terminates for any reason, Licensee's continued use of the Gray Line reservation, ticketing and distribution system shall be governed by the terms of the sublicense, which for the purposes of this Exhibit B only, shall supersede the terms and conditions of the License.

EXHIBIT C
BRANDING AGREEMENT

I. PURPOSE

Licensee agrees that within not more than Ninety (90) days of the Effective Date of this License, that all business operations shall be co-branded with the Gray Line name and mark, including, but not limited to:

- A. Retail location signage
- B. Brochures
- C. Point of sale materials
- D. Employee Uniforms
- E. Telephone Greetings
- F. Consumer Web Site
- G. All other marketing and promotional materials

The Licensee further agrees that within not more than Ninety (90) days of the Effective Date of this License, that vehicles used to operate sightseeing, airport transfer and charter operations shall meet and/or exceed the minimum branding requirements stipulated in Section III of the Gray Line Standards.

II. RESIGNATION AND TERMINATION

In the event this License terminates for any reason, Licensee's authorized use of the Gray Line name and marks shall expire pursuant to the terms and conditions of the License and the Licensor's standard cease and desist documentation.