



## 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: *Socal - to be comprised of:  
ANAHM, Los ANGELES, SAN DIEGO, CA*

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

Name: GL Vegas, Inc  
Address: 7370 Dean Martin Drive  
Suite 409  
City: Las Vegas  
State/Province: NV  
Country: USA  
Post Code: 89139  
Telephone: 7027397777  
Fax:

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:	Daniel Nisley	daniel@glvegas.com	7027397777
Financial:	Paul Garcell	paul@glvegas.com	7027397777
eCommerce:	Zachery Becham	zach@glvegas.com	7027397777
Marketing:	Ed Fioravante	ed@glvegas.com	7027397777
Sales:	Ed Fioravante	ed@glvegas.com	7027397777

### 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
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
Jeffrey Ian Shaner	7023822560
Address	
715 S 6 <sup>th</sup> Street, Las Vegas, NV 89101	

Directors and Officers

Director/Officer Name	Position	Email Address
Dana Nisley	President	dana@glvegas.com
Telephone Number	Address	
702739777	1729 Buttermilk Drive, Las Vegas, NV 89074	

Director/Officer Name	Position	Email Address
Dana Nisley	Secretary	dana@glvegas.com
Telephone Number	Address	
702739777	1729 Buttermilk Drive, Las Vegas, NV 89074	

Director/Officer Name	Position	Email Address
Dana Nisley	Treasurer	dana@glvegas.com
Telephone Number	Address	
702739777	1729 Buttermilk Drive, Las Vegas, NV 89074	

Director/Officer Name	Position	Email Address
Dana Nisley	Director	dana@glvegas.com
Telephone Number	Address	
702739777	1729 Buttermilk Drive, Las Vegas, NV 89074	

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

Shareholder Name	% Company Stock Owned	Stock Owner/ Trustee/ Nominee
Daniel Nisley	51	Owns full beneficial interest in the stock
Dana Nisley	49	Owns full beneficial interest in the stock
		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.

Las Vegas

## **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?       | <b>YES</b> | Operated By: | <b>Third Party</b>   |
| b. Group Sightseeing?            | <b>YES</b> | Operated By: | <b>Third Party</b>   |
| c. Per Capita Airport Transfers? | <b>NO</b>  | Operated By: | <b>Please Select</b> |
| d. Charter Operations?           | <b>YES</b> | Operated By: | <b>Third Party</b>   |

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:      | Marque Motor Coach |
| b. Third Party Group Sightseeing Services provided by:           | Marque Motor Coach |
| c. Third Party Per Capita Airport Transfer Services provided by: |                    |
| d. Third Party Charter Operations provided by:                   | Marque Motor Coach |

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

7. Are the operations of your Company comprised exclusively of the Services identified above? **YES**

- a. If you answered “NO” to question 7, please provide detail on any other business activities of your Company in the space provided:


8. Are the Services identified in #4 above provided year-round? **YES**

- a. If you answered "NO" to question 8, please provide detail on the reason for suspension of activity in the space provided:


9. Do you guarantee the operation of at least one Lectured Sightseeing tour in the Licensed Territory? **YES**

10. Has your Company ever been sanctioned, fined, suspended or placed on probation for any reason? **NO**

- a. If you answered "YES" to question 10, please provide detail in the space provided:


11. Is your Company and/or the third parties identified in #5 duly authorized and/or licensed by the requisite national, state, provincial, county, municipal and local governments to provide the Services identified in #4? **YES**

- a. If you answered "NO" to question 11, please provide detail in the space provided:


12. Has your Company and/or the third parties identified in #5 ever been denied authority or had authority revoked, suspended or put on probation as it relates to providing the Services identified in #4? **NO**

- a. If you answered "YES" to question 12, please describe each situation and its outcome in the space provided:


13. Do you, or anyone affiliated with your Company maintain a membership or other affiliation with any association, group or entity competitive to Gray Line? **NO**

- a. If you answered "YES" to question 13, please provide detail in the space provided:


14. Please complete the following or attach additional sheets providing this information, for the vehicles used to operate the Services identified in #4:

[illegible]

VehUnitNO	VehLicense	VehSeats	Veh Make	YEAR	VehDateIn	VehVin
10057	TEMP	57	VANHOOL	0	6/27/2016	YE2CC13B4Y2045021
1104	TEMP	11	MERC	15	8/2/2016	WD3PF4CBXF5995264
1105	TEMP	11	MERC	15	8/11/2016	WD3PF4CB8F5996249
1302	58288A	13	MERC	16	12/23/2015	WD3PF4CC0FP136472
1303	60071A	13	MERC	16	4/18/2016	WDAPF4CC2GP206225
1606	61749A	16	MERC	16	10/15/2016	WDAPF4CB5GP295604
2701	58434A	27	FORD	16	8/19/2015	1FDXE4FSXGDC04271
5417	60268A	54	VOLVO	16	6/2/2016	3CET2V224G5176100
5418	60267A	54	VOLVO	14	6/2/2016	3CET2V226G5176101
5606	55126A	56	VANHOOL	14	2/28/2014	YE2XC21B8E2048204
5607	55460A	56	VANHOOL	14	4/18/2014	YE2XC21BXE3048277
5608	55461A	56	VANHOOL	15	4/18/2014	YE2XC21B1E3048278
5610	57877A	54	VOLVO	15	6/13/2015	3CET2V222F5171699
5611	57878A	56	VOLVO	15	6/13/2015	3CET2V220F5171426
5612	57879A	56	VOLVO	16	6/12/2015	3CET2V224F5171431
5613	58287A	56	VOLVO	16	12/22/2015	3CET2V224G5173407
5614	59901A	56	VOLVO	16	3/16/2016	3CET2V225G5175957
5615	59900A	56	VOLVO	16	3/15/2016	3CET2V227G5175958
5616	59902A	56	VOLVO	16	3/23/2016	3CET2V229G5175959
5619	60928A	56	VOLVO	16	7/11/2016	3CET2V227G5178410
5620	60927A	56	VOLVO	16	7/14/2016	3CET2V220G5177311
5621	60929A	56	VOLVO	16	7/14/2016	3CET2V227G5178407
5622	60930A	56	VOLVO	16	7/14/2016	3CET2V226G5177314
5623	60950A	56	VOLVO	16	7/14/2016	3CET2V222G5177312
5624	60949A	56	VOLVO	16	7/14/2016	3CET2V224G5177313
5625	60981A	56	VOLVO	16	7/14/2016	3CET2V229G5178411
5626	61750A	56	PREVOST	17	11/29/2016	2PCH33498HC713561
5627	61748A	56	PREVOST	17	12/1/2016	2PCH3349XHC713562
5628	61751A	56	PREVOST	17	11/22/2016	2PCH33490HC713568
5629	TEMP	56	PREVOST	17	12/10/2016	2PCH33492HC713572



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> TIB Transportation Ins Brokers 425 West Broadway, Suite 400 Glendale CA 91204		<b>CONTACT NAME:</b> Caroline Moon <b>PHONE (A/C, No, Ext):</b> 818-246-2800 <b>FAX (A/C, No):</b> 818-246-4690 <b>E-MAIL ADDRESS:</b> cmoon@tibinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lancer Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 2066618623	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GL158018#5	7/12/2016	7/12/2017	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		BA166538#4	7/12/2016	7/12/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER AND GRAY LINE CORPORATION ARE ADDED AS AN ADDITIONAL INSURED WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED.

<b>CERTIFICATE HOLDER</b>  Gray Line Worldwide 1835 Gaylord Street Denver CO 80206	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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15. Is the main office of the Company and Garage Facilities for the Vehicles identified in #14 located within the proposed Licensed Territory? **NO**

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

Las Vegas

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	Main Office	Las Vegas
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		
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
Issuer Telephone Number	Issuer Contact Name	Policy Limits
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
Issuer Telephone Number	Issuer Contact Name	Policy Limits
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
Issuer Telephone Number	Issuer Contact Name	Policy Limits
Policy Issuer Address		

Type of Policy	Name of Issuer	Policy Number
Issuer Telephone Number	Issuer Contact Name	Policy Limits
Policy Issuer Address		





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>SACCA INSURANCE AGENCY</b> <b>6135 S RAINBOW STE 110</b> <b>LAS VEGAS, NV 89118</b>	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> 702-255-5999 <b>FAX (A/C, No):</b> 702-255-5808		
	<b>E-MAIL ADDRESS:</b> RSACCA@FARMERSAGENT.COM		
<b>INSURED</b>  <b>GL VEGAS INC</b> <b>7370 DEAN MARTIN DR #409</b> <b>LAS VEGAS, NV 89139</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : COVINGTON SPECIALTY INS CO</b>		
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA48071700	07/29/16	07/29/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <b>DED</b> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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
Bank of America	Monica Coburn	monica.coburn@baml.com
Contact Telephone Number	Bank Telephone Number	Bank Fax Number
702-515-6785		
Bank Address		
6900 Westcliff Drive, Las Vegas, NV 89145		

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
Grayline World Wide	Brad Weber	
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship

Company Name	Contact Name	Contact Email Address
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship

Company Name	Contact Name	Contact Email Address
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship

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
	Please Select	Please Select
	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:

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)

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

This certificate is attached to a 11 page document dealing with/entitled Application for lease and dated 12-27-2016  
# of pages

## ACKNOWLEDGMENT CERTIFICATE

STATE OF Nevada

COUNTY OF Clark

On this 27<sup>th</sup> day of December, 2016,

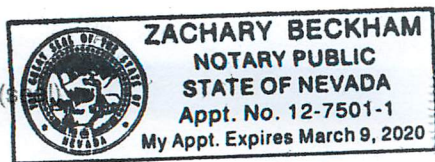
before me, the undersigned notary public, personally appeared Daniel Nisley

*Name of Person Acknowledging*

proved to me through satisfactory evidence of identification, which was DH# 4100088259

*Type of Identification*

to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.



A handwritten signature in blue ink, appearing to be 'ZB', written over a horizontal line.

*Signature of Notary Public*

March 9<sup>th</sup>, 2020

*Commission Expiration Date of Notary Public*

ACKNOWLEDGMENT CERTIFICATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

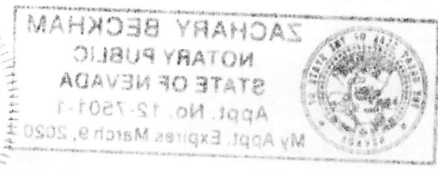
before me, the undersigned notary public, personally appeared \_\_\_\_\_  
known to me to be the person whose name is signed on the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public for the State of Nevada

My Comm. Expires \_\_\_\_\_

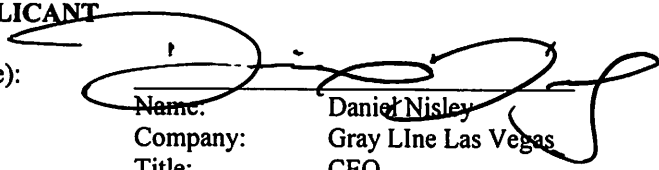
Notary Public for the State of Nevada



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):

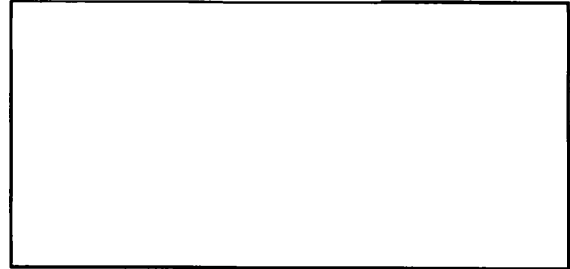
  
Name: Daniel Nisley  
Company: Gray Line Las Vegas  
Title: CEO

Executed in the CITY OF Las Vegas, STATE OF NV or COUNTRY OF USA.

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

## EXHIBIT A

### LICENSED TERRITORY ORIGIN MAP

**LICENSED TERRITORY NAME:**

**MAP:**

**DEFINITION OF LICENSED TERRITORY:** The Licensed territory for \_\_\_\_\_ shall include \_\_\_\_\_.

EXHIBIT B  
TECHNOLOGY SUBLICENSE

I. PURPOSE

The Parties agree that Gray Line shall provide Licensee with the right to use the Gray Line reservation and ticketing system and Licensee agrees to use the system for distribution of their products and services through the Gray Line Web Site(s), connected distribution partners and for the operation of at least one fully branded Gray Line web site for the Licensee's Licensed Territory.

The system is provided to Licensees through this sublicense free of charge, save and except for the Technical and Distribution fees charged as a percentage of the gross selling price of any Licensee product or service sold through the system.

Licensee may use its own in-house design team, third party agency or the agency of record of the Gray Line Corporation to design and deploy the Gray Line branded website(s) for the Licensee's Licensed Territory. In such event that the Licensee uses an in-house designer or third-party agency for the design of the website, it must be approved, in writing, by Gray Line prior to publication.

II. RESIGNATION AND TERMINATION

In the event this License terminates for any reason, Licensee's continued use of the Gray Line reservation, ticketing and distribution system may be continued at the discretion of the Gray Line system provider and at the standard subscription rates then in effect.



**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.