

Application for Transfer of 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:

Chicago, Illinois

The Gray Line License shall not be sold, assigned, transferred or pledged as an asset of a Licensee without the written approval of the Gray Line Board of Directors. The restrictions against sale, assignment, transfer or pledge of License apply to all sales, assignments, transfers or pledges of voting shares or other evidence of ownership which result in the transfer of control of the Licensee's operations to the purchaser, assignee, transferee or pledgee. Pursuant to Section 3.8 of the Gray Line Bylaws, a Joint Application must be made to the President of Gray Line Worldwide for submission to the Board of Directors. Action is to be taken by the Board within 60 days from receipt of the application and all information/material required, unless additional information is required. In such event, the board may extend the review period, but in no event shall the review period extend longer than 180 days after the initial request was made. A prospective purchaser, assignee, transferee or pledgee shall not conduct operations under the Gray Line name or trademark until Board of Directors approval has been obtained. In the event of denial of approval, the License shall be subject to termination by the Board of Directors.

TRANSFEROR: The transferor is the company that is the authorized Licensee for the above-mentioned territory and is in good standing with the Gray Line Corporation at the time of application.

TRANSFEREE: The following questions on this Application for Transfer of License should be completed by the Transferee, the company seeking approval to assume control of the License currently held by the transferor.

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

Name:

Aries Charter Transportation, Inc.

Address:

931 W. 75th Street

Suite 137-258

City:

Naperville

State/Province:

IL USA

Country:

60565

Post Code: Telephone:

773-826-2000

Fax:

773-826-2100

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

| | Contact Name | Email Address | Telephone Number |
|-------------|---------------------|-------------------------------------|------------------------|
| General | | | |
| Management: | Anthony George | anthony.george@arieschart er, co.M | 630-417-1252 |
| Financial: | Nick Trevino | nick.trevino@ariescharter 47.00M | 630-888-6117 |
| eCommerce: | Maren Graham | maren@mieraham.com | 312-405-1441 |
| Marketing: | Antoinette Gonzalez | antoinette.gonzalez@ariescharter.co | <i>ላ 773-</i> 826-2000 |
| Sales: | Tiffany Jones | tiffany@ariescharter.com | 773-826-2000 |

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 transferee company applying | ng for the Gray Line Licenses is | organized as a: | | |
|----|--|---|---|--|--|
| | Proprietorship(If selected, answered) | Proprietorship(If selected, answer question (a) below | | | |
| | Partnership (If selected, answ | wer question (b) below | | | |
| | Corporation (If selected, answer | wer question (c) below | | | |
| а. | Proprietorship. List each owner business, and describe the nature a Also, please identify any affiliatio | and extent to which the owner activ | ne number, email address, number of years in vely participates in the operation of the business or owner of Gray Line. | | |
| | Owner's Name | Telephone Number | Email Address | | |
| | Number of Years in Business | Role Within Company | r 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 (number, number of years in business. Also, please identify any | ness and extent to which the part | name, home address, email address, telephone ner actively participates in the operation of the or 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:

1990

Registered Agent

| Registered Agent Name | Telephone Number |
|--|------------------|
| Lori Cole | 773-826-2000 |
| Address | |
| 931 W. 75th St. Suite 137-258 Naperville, IL 60565 | |

Directors and Officers

| Director/Officer Name | Position | Email Address |
|-----------------------|---------------------------------------|--|
| Ralph Trevino | President | ralph@ariescharter.com |
| Telephone Number | Address | and the property of the state o |
| 630-918-5650 | 931 W. 75th St. Suie 137-258, Napervi | |

| Director/Officer Name | Position | Email Address |
|-----------------------|---------------------------------------|----------------------|
| Marisue Trevino | Secretary | mst@ariescharter.com |
| Telephone Number | Address | |
| 630-918-0110 | 931 W. 75th St. Suite 137-258, Naperv | ille, IL 60565 |

| 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 Ov | yned Stock Owner/Trustee/Nominee |
|--|---|--|
| Ralph Trevino | 100 | Owns full beneficial interest in the stock |
| <u> </u> | 1.0000000000000000000000000000000000000 | Please select from list |
| | | Please select from list |
| | | Please select from list |
| | | Please select from list |
| The state of the s | | 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 |
|--|---------------------------------|--|
| | - Brack Association and manager | |
| Third Party Telephone Number Third Party Legal Address | Vaccount service (Co.,) | |

| 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.

| Ralph Trevino - friends with Donald Ferrone. | |
|--|--|
| | |

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 conjuncti

| 4. | | with such services depending upease indicate if your Company pr | • | _ | | arty: | | |
|-----|------|---|---------------|----------------------------|--------------------------|--------------------------|--|--|
| | a. | Per Capita Sightseeing? | YES | Operated By: | Company | • | | |
| | b. | Group Sightseeing? | YES | Operated By: | Company | | | |
| | c. | Per Capita Airport Transfers? | | Operated By: | Company | | | |
| | d. | Charter Operations? | YES | Operated By: | Company | | | |
| 5. | Ifa | nny of the Services identified in# | 4 are provid | led by a third party, plea | ase provide the name of | the operating company | | |
| | a. | Third Party Per Capita Sightse | eing Service | es provided by: | | | | |
| | b. | Third Party Group Sightseeing | Services pr | ovided by: | | | | |
| | c. | Third Party Per Capita Airport | Transfer Se | rvices provided by: | | | | |
| | d. | Third Party Charter Operations | provided b | y: | | | | |
| 6. | Но | w long has your Company provi | ded the Ser | vices identified in #4 al | oove: 27 Year(s) | | | |
| 7. | Are | e the operations of your Compan | y comprise | d exclusively of the Ser | vices identified above? | NO | | |
| | a. | If you answered "NO" to ques the space provided: | tion 7, plea | se provide detail on an | y other business activit | les of your Company in | | |
| | | Daily commuter contracts with buildings located downtown Chicago. Providing AM/PM commuter shuttles for the tenants | | | | | | |
| | | Along with 24/7 Casino shu | ttles from v | arious locations in the (| Chicagoland area. | | | |
| 8. | Are | e the Services identified in #4 ab | ove provide | d year-round? | YES | | | |
| | a. | If you answered "NO" to ques provided: | tion 8, plea | se provide detail on the | reason for suspension | of activity in the space | | |
| 9. | Do | you guarantee the operation of a | it least one | Lectured Sightseeing to | our in the Licensed Terr | itory? YES | | |
| 10. | Has | Has your Company ever been sanctioned, fined, suspended or placed on probation for any reason? NO | | | | | | |
| | a. | If you answered "YES" to ques | tion 10, ple | ase provide detail in the | e space provided: | | | |
| 11. | Is y | our Company and/or the third p | parties ident | ified in #5 duly author | rized and/or licensed by | the requisite national, | | |
| | stat | tate, provincial, county, municipal and local governments to provide the Services identified in #4? YES | | | | | | |
| | a. | If you answered "NO" to quest | ion 11, plea | se provide detail in the | space provided: | | | |
| | | | | | | | | |
| 12. | | your Company and/or the thir pended or put on probation as it | | | | had authority revoked, | | |
| | a. | If you answered "YES" to ques | • | · · | | he 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?

| a. | If you answered "YES" to question 13, please provide detail in the space provided: |
|----|--|
| | UMA, ABA, Midwest Bus Association |
| | |

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

| Number of Vehicles | <u>Model/Make</u> | <u>Year</u> | Vehicle(s) Owned By [Company Name] |
|--------------------|------------------------|-------------|------------------------------------|
| | See attached equipment | | |
| | schedule. | | |
| | | | |
| | | | |
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| 15. | Is the main office of the | ne Company and | Garage Facilities for the | Vehicles identified in #1 | 4 located within the propose |
|-----|---------------------------|----------------|---------------------------|---------------------------|------------------------------|
| | 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 |
|----------------------|--|-----------------------|
| | | 4525 W. Grenshaw |
| Main Office | Sales office | St, Chicago, IL 60624 |
| Garage Facility | | 4525 W. Grenshaw |
| | Wash bay and mechanic shop | St, Chicago, IL 60624 |
| Sales Kiosk or Booth | Where the customers meet for their tour; gift shop of the | 17 E. Monroe St., |
| | Palmer House Hotel | Chicago, IL 60603 |
| Sales Kiosk or Booth | Looking to move sales kiosk to Block 37 Mall within the city | 108 N. State St. |
| | of Chicago, more visability. | Chicago, IL 60602 |
| 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 |
|--------------------------------------|---------------------|---------------|
| Auto Liability | United States Fire | 5068884861 |
| Issuer Telephone Number | Issuer Contact Name | Policy Limits |
| 317-436-4911 | Mark Bonini | \$5,000,000 |
| Policy Issuer Address | | |
| 1 South Wacker Dr, Chicago, IL 60606 | • | |

| Type of Policy | Name of Issuer | Policy Number |
|--------------------------------|-----------------------|---------------|
| Excess Auto Liability | Hudson Excess Ins. Co | HXS1024701 |
| Issuer Telephone Number | Issuer Contact Name | Policy Limits |
| 973-984-1777 | Mike Georgaros | \$5,000,000 |
| Policy Issuer Address | | |
| 100 William St, 5th Floor, New | | |

| Type of Policy | Name of Issuer | Policy Number |
|----------------------------|---------------------|---------------|
| Excess Auto Liability | Genstar Indemnity | IXG415922D |
| Issuer Telephone Number | Issuer Contact Name | Policy Limits |
| 973-984-1777 | Mike Georgaros | \$5,000,000 |
| Policy Issuer Address | | |
| P.O. Box Samford, CT 06904 | | |

| Type of Policy | Name of Issuer | Policy Number | | |
|--|---------------------|---------------|--|--|
| Workers Comp. | Starnet Ins. Co. | BNUWC0121884 | | |
| Issuer Telephone Number | Issuer Contact Name | Policy Limits | | |
| 877-497-2637 | Diana Molvey | \$1,000,000 | | |
| Policy Issuer Address | | | | |
| 12701 Marblestone Dr, Woodbridge, VA 22192 | | | | |

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 | |
|--|-----------------------|-----------------------|--|
| PNC Bank | Steven Preze | steven.preze@pnc.com | |
| Contact Telephone Number | Bank Telephone Number | Bank Pax Number | |
| 630-954-3163 | 630-954-3163 | 877-619-1591 | |
| Bank Address | | | |
| 2021 Spring Rd, Suite 400, Oak Brook, II 60523 | | | |

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 |
|-----------------------------|-------------------------------|---------------------------------|
| Personal RGE Tours & Travel | Tereza Cristina Reis | tereza.reis@prgeusa.com |
| Contact Telephone Number | Type of Business Relationship | Length of Business Relationship |
| 407-370-2882 | Working | 3 years |

| Company Name | Contact Name | Contact Email Address |
|--------------------------|-------------------------------|---------------------------------|
| Bonjour USA | Brian Boury | brian@bonjourusa.com |
| Contact Telephone Number | Type of Business Relationship | Length of Business Relationship |
| 212-759-0466 | Working | 4 years |

| Company Name | Contact Name | Contact Email Address |
|--------------------------|---------------------|--|
| CAL Travel & Tours | Lisa Chiang | tour@calworld.com |
| Contact Telephone Number | Type of Business Re | lationship Length of Business Relationship |
| 604-207-9188 | Working | 1 year |

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 Organization | Personal Involvement | Sanctions |
|---------------------------|----------------------|---------------------|
| UMA | Member | None Please Select |
| ABA | Member | NoNa Picaso Solect |
| Midwest Bus Association | Member | None -Please Select |
| Trailways | Member | None Please Scleet |
| SYTA | Member | NONCPlease-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 and at least once every three years thereafter? 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 License Amendment Fee. 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 * * * * *

Application for Transfer of License Page 9 of 13

I hereby certify that the statements made by me herein on this 18 day of July, 2017, 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.

| CI | CN. | ATI | IRE | of A | PPI | ICA | NT |
|----|---------|-------|--------|--------|-----|------------|----|
| | L T I T | A I I | 3 IX I | 111 /1 | rri | /II./A | |

APPLICANT (Transferee):

Name:

Ralph Trevino

Company:

Aries Charter Transportation

Title:

President

Executed in the CITY OF

, STATE OF

or COUNTRY OF

NOTARY PUBLIC

On this 20 T day of Luly, 20 17, the above-named individual appeared before me, being duly sworn, stated that he/she is the Resules (Title) of Quie (harfer Transporation), 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.

NOTARY PUBLIC

My commission expires: 12/19/2020

Affix Notary Seal Below:

"OFFICIAL SEAL" RITA K JOYCE

Notary Public, State of Illimois My Commission Expires 12/19/2020 Application for Transfer of License Page 10 of 13



I hereby certify that the TRANSFEROR Donald Ferrone (Current Licensee), approves and joins in the foregoing Application for Transfer, dated this day of July, 2017.

| SICMAT | HDE of | TRANSI | ((A) ((A) |
|--------|--------|---------|-----------|
| SIGNAL | UKEOL | TRAINOL | BRORE |

Name:

Donal Ferrone

Company:

American Sightseing

President Title:

Executed in the CITY OF

, STATE OF

or COUNTRY OF

NOTARY PUBLIC

On this 20 day of July , 20 17, the above-named individual appeared before me, being duly sworn, stated that he/she is the owner/Presudentile) of Omerween Sight steemany, 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.

NOTARY PUBLIC

My commission expires: 12/19/3020

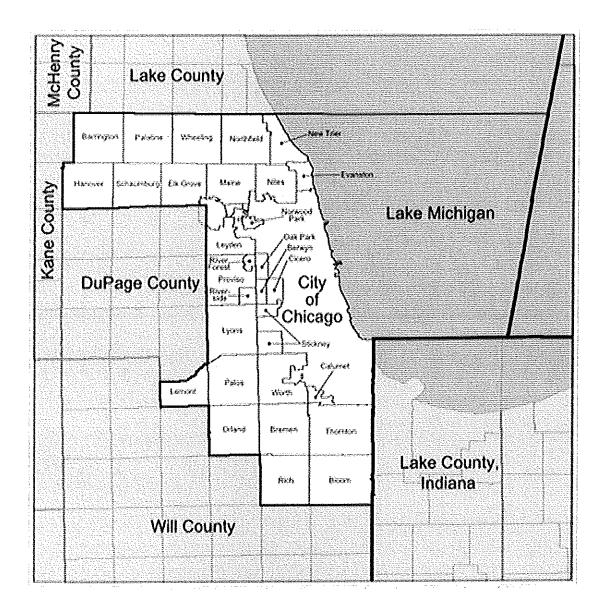
Affix Notary Seal Below:

EXHIBIT A

LICENSED TERRITORY ORIGIN MAP

LICENSED TERRITORY NAME: Chicago

MAP:



DEFINITION OF LICENSED TERRITORY: The Licensed territory for Chicago shall include all land rights within the recognized geographical boundaries of Cook County, Illinois and Lake County, Indiana.

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).

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.

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 that an agreed-upon number of vehicles used to operate sightseeing shall utilize the most current and approved vehicle design, with all other vehicles meeting and/or exceeding the minimum branding requirements and using of the most current and approved form of the Gray Line trademark.

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.