



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:

UAE-DUBAI, UAE ABU DHABI & OMAN

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

Name: DEVELOPMENT TOURISM & TRAVEL CO LLC
 Address: KURBAN TOURS,PBNO 186008,GHANEM BLDG,2ND FLOOR 201,
 CLOCK TOWER,DEIRA,DUBAI,UAE
 City: DEIRA DUBAI
 State/Province: DUBAI
 Country: UAE
 Post Code: 186008
 Telephone: +971 4 2 555 292
 Fax: +971 4 2 555 391

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:	MITRI KURBAN	mkurban@kurbantours.com	+971 50 2480654
Financial:	SHANIL KUMAR	fm@kurbanuae.com	+971 4 2 555 292
eCommerce:	ZEESHAN BASHEER	contracting@kurbanuae.com	+971 4 2 555 292
Marketing:	KOWNAIN HOLALKERE	contracting@kurbanuae.com	+971 4 2 555 292
Sales:	ELODY AZAR	dgm@kurbantours.com	+971 55 6601000

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



Handwritten signature

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

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

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

- 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: DUBAI, United Arab Emirates (UAE)

Registered Agent

Registered Agent Name	Telephone Number
DEVELOPMENT TOURISM & TRAVEL CO LLC	+971 4 2555 292
Address	
POST BOX-186008, GHANEM BLDG, 2 ND FLOOR 201 CLOCK TOWER, DEIRA, DUBAI, UAE	

Directors and Officers

Director/Officer Name	Position	Email Address
MITRI KURBAN	GENERAL MANAGER	MKURBAN@KURBANTOURS.COM
Telephone Number	Address	
+971 50 2480654	POST BOX 186008, GHANEM BLDG, 2ND FLOOR 201 CLOCK TOWER, DEIRA, DUBAI, UAE	

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	



[Handwritten signature]

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

Shareholder Name	% Company Stock Owned	Stock Owner/ Trustee/ Nominee
TRANSPORT & TOURISM DEVP	49%	Owens full beneficial interest in the stock
FAISAL MAJID AL MUHAIDIB	5%	Owens full beneficial interest in the stock
AL NUMAIR GENERAL TRADING	46%	Owens full beneficial interest in the stock
		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
NA

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:	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:	NO
b. Third Party Group Sightseeing Services provided by:	NO
c. Third Party Per Capita Airport Transfer Services provided by:	NO
d. Third Party Charter Operations provided by:	NO
6. How long has your Company provided the Services identified in #4 above: **8 Year(s)**
7. Are the operations of your Company comprised exclusively of the Services identified above? **NO**

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

FIT, GROUPS, INCENTIVES, EVENTS, EXHIBITIONS & IN BOUND TOUR OPERATION

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:

NA

NA

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:

NA

NA

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:

NA

NA

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:

NA

NA

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	Model/Make	Year	Vehicle(s) Owned By [Company Name]
74,662	HIGER BUS	2015	DEVELOPMENT TOURISM & TRAVEL CO
80,157	HYUNDAI H1	2015	DEVELOPMENT TOURISM & TRAVEL CO
77,493	HIGER BUS	2012	DEVELOPMENT TOURISM & TRAVEL CO
78,760	HIGER BUS	2012	DEVELOPMENT TOURISM & TRAVEL CO
98,319	HIGER BUS	2013	DEVELOPMENT TOURISM & TRAVEL CO
51,467	HIGER BUS	2013	DEVELOPMENT TOURISM & TRAVEL CO
72,045	HYUNDAI 110	2012	DEVELOPMENT TOURISM & TRAVEL CO
37,206	RENAULT TRAFFIC	2014	DEVELOPMENT TOURISM & TRAVEL CO
37,207	RENAULT TRAFFIC	2014	DEVELOPMENT TOURISM & TRAVEL CO
95,385	IVECO	2012	DEVELOPMENT TOURISM & TRAVEL CO



[Handwritten signature]

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:

NA
NA

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	Dubai office	DUBAI,DERIA
Main Office	Abu Dhabi Office	ADNEC,ABUDHABI
Main Office	Oman Office	GHOBRA,MUSCAT
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
TOUR OPERATOR LIABILITY	AMAN INSURANCE	A1/14-235-2013-52
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+971 4 887 3363	MILAD	AED 1,000,000.00
Policy Issuer Address		
PO BOX 261890,JEBAL ALI- UAE		

Type of Policy	Name of Issuer	Policy Number
PROPERTY ALL RISK	AMAN INSURANCE	14-887-2013-152
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+971 4 887 3363	MILAD	AED 300,000.00
Policy Issuer Address		
PO BOX 261890,JEBAL ALI- UAE		

Type of Policy	Name of Issuer	Policy Number
FIDILITY	AMAN INSURANCE	14-443-2013-2
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+971 4 887 3363	MILAD	AED 200,000.00
Policy Issuer Address		
PO BOX 261890,JEBAL ALI- UAE		

Type of Policy	Name of Issuer	Policy Number
WORKMEN COMPENSATION	AMANN INSURANCE	14-239-2013-451
Issuer Telephone Number	Issuer Contact Name	Policy Limits
+971 4 887 3363	MILAD	AED 3,000,000.00
Policy Issuer Address		
PO BOX 261890,JEBAL ALI- UAE		



[Handwritten signature]

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:

NA
NA

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 SHARJAH	TOUFIC YOUKHIM	Toufic.Youakim@bankofsharjah.com
Contact Telephone Number	Bank Telephone Number	Bank Fax Number
+971 4 2827278	+971 4 2827278	+971 4 2555 391
Bank Address		
DUBAI BRANCH, PB NO 27641,GARHOUD STREET,GARHOUD,DUBAI,UAE		

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
EXPEDIA INC	RUTH ANN	vendorbanking@expedia.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+1 866 224 6674	CLIENT	7 YEARS

Company Name	Contact Name	Contact Email Address
RETEL SPAIN	ADRIAN ESPIONSA	account2@restel.es
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+34 91 310 8500	CLIENT	01

Company Name	Contact Name	Contact Email Address
HOTEL BEDS THAILAND	NATHALIE SABUG	nsabug@activitiesbank.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
+6622451551	client	01

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
NA	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:

NA
NA

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 *****



A handwritten signature in blue ink, consisting of a stylized 'A' or similar character.

I hereby certify that the statements made by me herein on this 20 day of Novemebr 2014, 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.

APPLICANT (Licensee):


Name: MITRI KURBAN
Company: DEVELOPMENT TOURISM & TRAVEL CO LLC
Title: GENERAL MANAGER



WITNESS

In lieu of a Notary Public signature and due to restrictions in place in the United Arab Emirates, where applicant (Kurban Tours) resides, President & CEO, Brad Weber has approved an alternate means of authentication of the information provided in Kurban Tours' Application for License. Please have two witnesses complete the information below, including printed names and signatures.

On this 20 day of November, 2014, the above-named individual appeared before me, stating that he is the General Manager of Kurban Tours, 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.

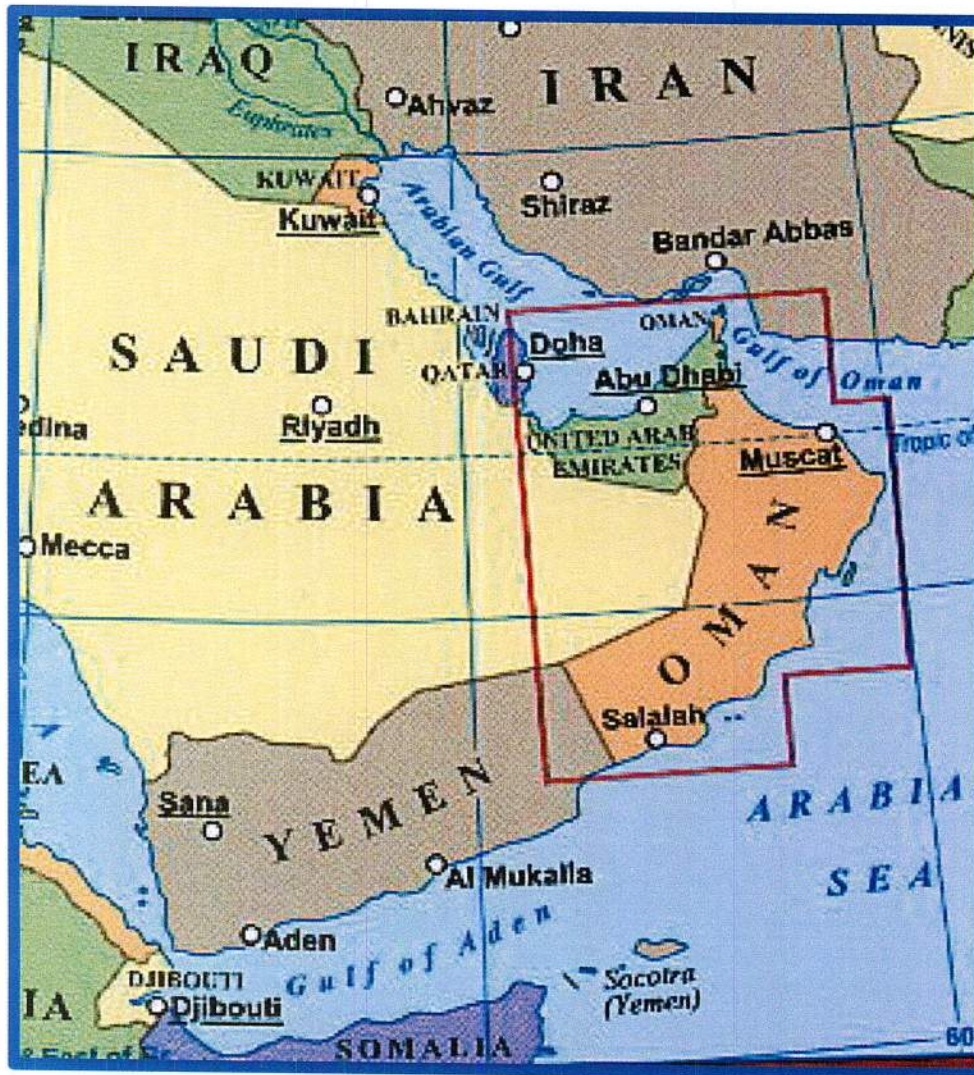

Name: ELODY AZAR – (Deputy GM)


Name: SHANIL KUMAR (Finance Manager)

Exhibit A

Licensed Territory ORIGIN MAP

Licensed Territory Name : **DUBAI UAE , ABU DHABI UAE & OMAN**



Definition of Licensed Territory :
The licensed territory for UAE & OMAN



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.



A handwritten signature in blue ink, consisting of a stylized 'B' or 'R' shape.

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.



A handwritten signature in blue ink, consisting of a stylized 'L' shape with a loop at the bottom.