



Application for Sublicense

INSTRUCTIONS: The information requested in this application is that of the Company to be Sublicensed (the "Sublicensee"). If approved by the Gray Line Board of Directors, the Gray Line Sublicensor named below is authorized to issue a Sublicense agreement to the Sublicensee named in this Application. Such Sublicense shall be the form in use by the Gray Line Corporation and may not be amended without the express, written consent of the Gray Line Corporation. The Sublicense shall not become effective until approved by the Gray Line Corporation.

This Sublicense Application is for the Licensed Territory of:

Los Angeles

SUBLICENSOR: The company authorized by the Gray Line Corporation to operate as the Licensee in the above-mentioned territory, and whose License in good standing at the time of this application.

Legal Name of Sublicensor: Gray Line Los Angeles

SUBLICENSEE: The company applying for a Sublicense in the above-named destination. All questions on this Application for Sublicense should be completed by the Sublicense Applicant.

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

Name: Starline Tours of Hollywood, Inc.
Address: 6801 Hollywood Blvd, Ste. 305
City: Hollywood
State/Province: CA
Country: USA
Post Code: 90028
Telephone: 323 785 6700
Fax: 323 785 6799

- 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:

Table with 4 columns: Area, Contact Name, Email Address, Telephone Number. Rows include General Management, Financial, eCommerce, Marketing, and Sales with corresponding contact details.

ORGANIZATION

A Gray Line Sublicense 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 Sublicense 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 for the Gray Line Sublicense 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 Gray Line Licensee or employee.

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 Gray Line Licensee or employee.

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 Gray Line Licensee or employee.

Where Incorporated: California

Registered Agent

Registered Agent Name	Telephone Number
Shoeleh Sapir	323 201 0115
Address	
9736 Blantyre Dr., Beverly Hills, CA 90210	

Directors and Officers

Director/Officer Name	Position	Email Address
Vahid Sapir	President	vahid@tourcoach.com
Telephone Number	Address	
323 304 5006	6801 Hollywood Blvd, #305 Hollywood, CA 90028	

Director/Officer Name	Position	Email Address
Kamrouz Farhadi	Chairman/ CEO	kamifarhadi@gmail.com
Telephone Number	Address	
323 304 2578	6801 Hollywood Blvd, #305 Hollywood, CA 90028	

Director/Officer Name	Position	Email Address
Shoeleh Sapir	CFO	noonoosh@tourcoach.com
Telephone Number	Address	
323 201 0115	2130 So. Tubeway Ave, Commerce, CA 90040	

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
Kamrouz Farhadi	70	Please select from list
Shoeleh Sapir	30	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, Sublicensee or employee of Gray Line? If so, please explain in the space provided.

NO

BUSINESS OPERATIONS

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

Lectured Sightseeing Tours: A tour (scat-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.

4. Please indicate the type of Services to be provided as part of this Gray Line Sublicense:

- a. Per Capita Sightseeing? **YES**
- b. Group Sightseeing? **YES**
- c. Per Capita Airport Transfers? **NO**

5. How long has your Company provided the Services identified in #4 above: **46 Year(s)**

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

- a. If you answered "NO" to question 6, please provide detail on any other business activities of your Company in the space provided:

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

- a. If you answered "NO" to question 7, please provide detail on the reason for suspension of activity in the space provided:

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

- a. If you answered "YES" to question 8, please provide detail in the space provided:

9. 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 9, please provide detail in the space provided:

10. 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 10, please describe each situation and its outcome in the space provided:

11. 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 11, please provide detail in the space provided:

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

Number of Vehicles	Model/Make	Year	Vehicle(s) Owned By [Company Name]
See attached list			

13. Please list the 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
Retail Sales Center	Ticket Sales Office	6801 Hollywood Blvd
Retail Sales Center	Ticket Booth	6925 Hollywood Blvd
Sales Kiosk or Booth	Portable kiosk on Santa Monica Pier	Santa Monica Pier
Please Select	** Tours can be reserved at over 200 hotels**	
Please Select	(See attached list)	
Please Select		
Please Select		
Please Select		

14. Please provide information on each and every insurance policy currently in effect for your Company. Attach additional sheets listing each policy if necessary.

Type of Policy	Name of Issuer	Policy Number
Auto Liability Insurance	Accidental Fire & Casualty	CA00039811
Issuer Telephone Number	Issuer Contact Name	Policy Limits
321 421 6782		5 MIL
Policy Issuer Address		
702 Oberlain Rd, Raleigh, NC 27605		

Type of Policy	Name of Issuer	Policy Number
Auto Liability	Protective Insurance Co.	TD000058
Issuer Telephone Number	Issuer Contact Name	Policy Limits
800 317 9402		5 MIL
Policy Issuer Address		
111 Congressional Blvd, Ste 500, Carmel, IN 46032		

Type of Policy	Name of Issuer	Policy Number
Auto Liability	Zurich American Insurance	GLA9447556-06
Issuer Telephone Number	Issuer Contact Name	Policy Limits
800 843 2430	Douglas Ferguson	2 MIL
Policy Issuer Address		
P.O. Box 1835, Kindston, WA 89346		

15. Has your Company ever had an insurance policy cancelled and/or denied for any reason? **NO**
 a. If you answered "YES" to question 15, please provide detail in the space provided:

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REFERENCES, AFFILIATIONS AND OBLIGATIONS

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

16. Please provide at least two 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
Flight Centre Globa, Libgo Travel	Pauline Kaminski	KaminskiP@libgotravel.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
201 934 3850	Customer	Over 10 years

Company Name	Contact Name	Contact Email Address
Universal Studios, Hollywood	Luis Torres	Luis.torres@nbcuni.com
Contact Telephone Number	Type of Business Relationship	Length of Business Relationship
818 622 3626		Over 30 years

17. 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
NTA	Please Select	NONE
ABA	Please Select	NONE
ATA & CBA	Please Select	NONE

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

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18. Having been provided with and read a copy of the Gray Line Sublicense Agreement, and having had time to consult with counsel or other advisors, are you willing to execute the Sublicense Agreement and fulfill the duties and obligations set forth therein? **YES**

ADDITIONAL DOCUMENTATION

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

1. One (1) copy of the local license, permit, certificate and/or ordinance that authorizes your Company to provide the Services identified in #4 within the proposed Licensed Territory.
2. One (1) copy of your automobile and general liability insurance policy covering both bodily injury and property damage for our Company. [Note: If approved for a Sublicense, Gray Line Corporation must be named as an additional insured pursuant to the terms and conditions of the Gray Line Sublicense agreement.]
3. Digital photos in JPEG format of the interior/exterior of equipment/vehicles used to provide the Services identified in #4
4. Digital photos in JPEG format of the interior/exterior of the Company's main offices and facilities
5. One (1) physical copy (or scanned copy in Adobe PDF format) of the Company's sightseeing brochure
6. One (1) copy in Adobe PDF format of a screen shot of the home page of the Company's web site

I hereby certify that the statements made by me herein on this _____ day of Please Select, 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.

SIGNATURE of APPLICANT

APPLICANT (Sublicensee):

[Signature]
Name: VAHID SAPIR
Company: STARLINE TOURS OF HOLLYWOOD
Title: President

State of California
County of Los Angeles

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

NOTARY PUBLIC

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

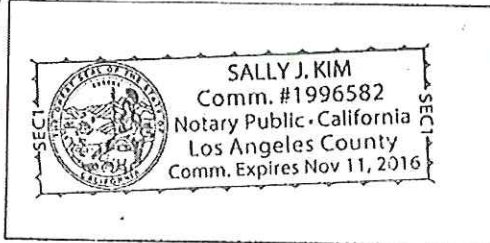
Subscribed & sworn to before me this Aug 12 2014
by VAHID SAPIR
Proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Affix Notary Seal Below:

NOTARY PUBLIC

[Signature]
Notary Public Signature

My commission expires: 11-11-16



SIGNATURE of APPLICANT SPONSOR

As the Licensee in the aforementioned Licensed Territory in good standing, I hereby sponsor and approve this Application for Sublicense.

APPLICANT (Sublicensee):

[Signature]
Name: Kristin Montanez
Company: Pacific Coast Sightseeing Tours + Charters, Inc.
Title: President