



# HARLEY-DAVIDSON MOTOR COMPANY LICENSEE APPLICATION FORM

Return this completed form to **licensingdept@harley-davidson.com** or mail to Harley-Davidson Motor Company, Attn: Licensing Department/Application Form, 3700 W. Juneau Avenue, Milwaukee WI 53208

(Use the "tab" key to direct you to the next section)

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Principal Owner(s): \_\_\_\_\_

Title(s): \_\_\_\_\_

Address: \_\_\_\_\_

	City	State	Zip Code
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Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Total Annual Sales Volume (for current year): \_\_\_\_\_

Total Annual Sales Volume (for previous year): \_\_\_\_\_

What percentage of your overall sales is derived from licensed merchandise: \_\_\_\_\_ %

Privately Held Company (Y/N):

Publicly Held Company (Y/N):

Diverse business owner (Y/N):

If yes, please indicate the appropriate category

**Class**

- Minority - MBE
- Women - WBE
- Both MWBE
- Veteran/Service Disabled Veteran
- Disabled

**Ethnic Origin**

- African American
- Asian Indian American
- Caucasian
- Hispanic American
- Native American

**Certification Type**

- National Minority Supplier Diversity Council (NMSDC)
  - Women Business Enterprise National Council (WBENC)
  - Veteran
- Please submit your certification

  
  


Description of Company:

**PRODUCT INFORMATION**

Briefly describe the product(s) for which you would like us to consider:

Does your company currently manufacture or sell the product(s) being submitted (Y/N):

**DISTRIBUTION**

TERRITORIES -- Check all territories that you currently sell to. For international markets, please list the specific countries within the territory that you currently sell to.

U.S.	<input type="checkbox"/>	Canada:	<input type="checkbox"/>		Mexico:	<input type="checkbox"/>
Europe:	<input type="checkbox"/>	_____				
South America:	<input type="checkbox"/>	_____				
Central America:	<input type="checkbox"/>	_____				
Middle East:	<input type="checkbox"/>	_____				
Australia/NZ:	<input type="checkbox"/>	_____				
Asia:	<input type="checkbox"/>	_____				
Other:	<input type="checkbox"/>	_____				

RETAILERS -- List your top 10 accounts:

- |          |           |
|----------|-----------|
| 1) _____ | 2) _____  |
| 3) _____ | 4) _____  |
| 5) _____ | 6) _____  |
| 7) _____ | 8) _____  |
| 9) _____ | 10) _____ |

CHANNELS -- Identify below (check all boxes that apply) the channels of distribution you currently do business with and the corresponding percentage of your business.

Department Stores	<input type="checkbox"/>	_____ %	Mass Retailers	<input type="checkbox"/>	_____ %
Home Centers (DIY)	<input type="checkbox"/>	_____ %	Gift/Specialty Stores	<input type="checkbox"/>	_____ %
Office Supply Stores	<input type="checkbox"/>	_____ %	Sporting Good Stores	<input type="checkbox"/>	_____ %
Travel Centers	<input type="checkbox"/>	_____ %	Book Stores/Book Trade	<input type="checkbox"/>	_____ %
Drug Stores	<input type="checkbox"/>	_____ %	Convenience Stores	<input type="checkbox"/>	_____ %
Food Stores	<input type="checkbox"/>	_____ %	Warehouse Clubs	<input type="checkbox"/>	_____ %
Business to Business	<input type="checkbox"/>	_____ %	Direct to Consumer	<input type="checkbox"/>	_____ %
On-Line Retailers	<input type="checkbox"/>	_____ %	Catalogs	<input type="checkbox"/>	_____ %
Distributors	<input type="checkbox"/>	_____ %	Others	<input type="checkbox"/>	_____ %

**LICENSING BUSINESS**

Does your company currently manufacture products under licensing contracts (Y/N):

Specify what licenses your company currently holds and for how long:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**SALES FORCE / CUSTOMER SERVICE**

Please identify how you service retail accounts:

**MANUFACTURING INFORMATION**

Where will the products be manufactured (country of origin): \_\_\_\_\_

Number of factories you currently do business with: \_\_\_\_\_

List the countries where you produce product in order of volume:

- |          |           |
|----------|-----------|
| 1) _____ | 2) _____  |
| 3) _____ | 4) _____  |
| 5) _____ | 6) _____  |
| 7) _____ | 8) _____  |
| 9) _____ | 10) _____ |

**COMMENTS**

**IMPORTANT**

Please include with this form any, or all, of the following information you can provide to us electronically:

- 1) Annual Report
- 2) Sales catalogs, brochures, sell sheets
- 3) Articles (print and video) about your company

**Legal Notice Regarding Proprietary Information:**

*Please note, it is the policy of Harley-Davidson's Licensing Department not to accept unsolicited submissions of creative ideas or materials. Accordingly, when you send us information about your company, do NOT include confidential or proprietary information, such as product concepts, designs, ideas, original artwork, or other original creative materials or suggestions. By not accepting any such unsolicited confidential or proprietary information, Harley-Davidson seeks to avoid possible future misunderstandings when products developed by our company or licensees might seem to others to be similar to their own creative work. You acknowledge and agree that Harley-Davidson at all times has many products and projects in various stages of development, and that the results of these endeavors may be similar or identical to your own products or projects.*

*If you ignore Harley-Davidson's policy and submit any creative suggestions, ideas, notes, drawings, concepts, designs, original artwork, or other information (collectively, "Unsolicited Submissions"), The Unsolicited Submissions shall be deemed, and shall remain, the property of Harley-Davidson.*

*None of the Unsolicited Submissions shall be subject to any obligation of confidence on Harley-Davidson's part and Harley-Davidson shall not be liable for any use or disclosure of any Unsolicited Submissions.*

\_\_\_\_\_ Yes, I have read the **CONDITIONS FOR SUBMITTING A LICENSEE APPLICATION FORM** to HARLEY-DAVIDSON MOTOR COMPANY (signature required):

Information Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_