



Guidelines and definitions for the application for **local license** (1st January 2014 stood)

only for
**Czech Republic, Greece, Hungary, Italy, Poland,
Romania, Slovakia, Slovenia, Spain**

- > The applicant is committed to complete the application fully and truthfully.
- > **The applicant must have a valid license (D)** or will be sought through ongoing training package. This must be accompanied by a copy. (This must be renewed every 2 years.)
- > The applicant must be able to teach qualified **EBMAS** Wing Tzun and / or Latosa Weapon System, in the proposed location / territory.
- > The reserved place / area must be active within 6 months and must not be represented by a pre-existing **EBMAS** school / club.
- > If the applicant does not succeed, to open a group during this period, this area is re-released.
- > For sales, transfer and / or re-allocations of local- / territorial protection must be given permission from the **EBMAS** headquarter.
- > **EBMAS** reserved all rights; other arrangements should be interned in writing and signed by Sifu Emin Boztepe.
- > The contract is for an indefinite period. **EBMAS** headquarter requires 2 months notice to before the renewal date to terminate a licence.

The licences right is not valid for the Police, Military, University, religious facilities and other national facilities, Company and allied Company (like BMW or similarities)

Local licenses are awarded according to population. Places that have less than 50 000 inhabitants or more than one postcode will be separated in postcode -areas.

Has a location not more than 50 000 inhabitants, there is only allowed one EBMAS Wing Tzun and one Latosa Weapon System school. At locations with more than one postcode, must be requested a postcode- area (e.g. 10179 Berlin). It will then be awarded accordingly.

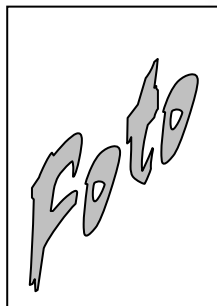
All changes (e.g. relocation of the school or promotional activities, etc.) need to be announced 1 month in advance, in the EBMAS headquarter.

I have read the rules and provisions of this contract and agree with them.

The next located EBMAS-Clubs with Groups leader! (Please put the Zip code, Place name and Groups leader name)

Zip code / Place _____ Group leader _____

Zip code / Place _____ Group leader _____



City / Date

Signature / local - licensee

Local reservation under

EBMAS / GREY HILLS GMBH

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