# Yale Licensing Program

# TRADEMARK LICENSE APPLICATION

Please contact Denise Castellano at 203-432-2313 or at denise.castellano@yale.edu with any questions regarding this application. Mail completed application to: Denise Castellano, P.O. Box 208375, 2 Whitney Avenue, Room 642, Yale University, New Haven, Connecticut 06520-8375; email to <u>Denise.Castellano@yale.edu</u> or fax to 203-432-4645

Company Informa	ation		
Company name			
DBA (if applicable)			
Address			
City/State/Zip code			
Telephone		Fax	
Web address			
Is this company a subsidiary?		If yes, please provide parent company information:	
<u>Parent</u>			company
Address			
City/State/Zip code	2		
Telephone		Fax	
Web address			
<u>Type of company (c</u>	ircleone):		
Corporation	Partnership	Sole proprietorship	Limited Liability Corporation
Number of years in business		Tax/Employer ID#	ŧ
Bank/Financial Ir	ıformation		
Primary bank			
Address			
City/State/Zip code	-		

#### Company contacts

License agreement signatory		
Title	E-mail	
Telephone	Fax	
Primary Licensing contact		
Title	E-mail	
Telephone	Fax	
Distribution contact		
Title	E-mail	
Telephone	Fax	
Marketing contact		
Title	E-mail	
Telephone	Fax	
Art/Design contact		
Title	E-mail	
Telephone	Fax	

# FLA affiliation

Yale University is a member of the Fair Labor Association (FLA) and requires all licensees to be registered with the FLA or to provide proof of adherence to guidelines that meet or exceed those of the FLA.

Is your company registered with the FLA? Category:

## Product information

Proposed product(s) for Yale University (please specify details as known):

Product (please be specific: i.e. instead of "apparel" specify individual product and gender, e.g. women's cotton shirts)

Application of Yale marks:	Silkscreen	Embroidery	Other	
	pany provides any of the following			
	custom-printed merchandise	eco-friendly apparel	drop-shipping	
If yes, please describe:				
Manufacturing informat	tion			
manajactaring injormat				
Please list facilities (or attac	h separate sheet):			
		• • • • •		
Your company's role (i.e., m	nanufacture, assemble, imprint, f	inish):		
Estimated Yale products	ales			
Please estimate sales:				
Year 1				
Year2				

# Distribution

Please check specific retailers through whom you already do business or have confirmed distribution. On the following page, please list any retailers through whom you intend to do business but who have made no commitments as yet.

	Confirmed Distribution Channel	Name of store/chain (please list address if known)	Domestic (national or regional; ifregional, please list regions)	International (please list specific territories)
	Yale Bookstore		0 1 0 /	
	Mass Market Retailers			
_				
	Mid-Tier Retailers			
	Department Stores			
_	-			
	Gift Market Stores			
	Mail Order and Catalog			
	Companies (print only) ( <u>not</u> owned or controlled			
	by Licensee)			
	Mail Order and Catalog			
	Companies (print only)			
	(owned or controlled by			
	Licensee)			
	Online Retailers			
	( <u>not</u> owned or controlled by Licensee or Licensee's			
	affiliate)			
_				
	Online Retailers (owned or controlled by			
	Licensee or Licensee's			
	affiliate)			
	Television Home			
	Shopping Channels			
				ICENSE ADDI ICATION DACE 4 of 6

Please list any retailers through whom you intend to do business but who have made no commitments as yet, along with the locations of each store/chain if known):

#### **Other licenses**

Please list other collegiate licenses your company currently holds (include additional sheet if needed):

### Liability insurance

Yale University requires all licensees to carry insurance as follows. A certificate of insurance must be provided upon approval of this application and annually thereafter for the length of the license.

- (1) Commercial general liability in amount no less than \$1 million combined single limit per occurrence/\$2 million aggregrate; \$5 million per occurrence in the case of consumable items and children's sleepwear.
- (2) All insurers must be rated A- or higher by Best Rating company.
- (3) Ten days' notice of cancellation or material change coverage is required.
- (4) Yale University is to be names as an additional insured for both ongoing operations and product completed operations. Certificate holder: Yale University: Attn: Marketing & Trademark Licensing, 2 Whitney Avenue, New Haven, CT

#### How much liability insurance does your company carry?

Is your insurance company rated?	If so, how?
Insurance company name	
Contact person	
Address	
Ciy/State/Zip code	
Telephone	Fax

#### Additional information

Has your company previously been licensed with Yale?

If yes, under what name was the company licensed (if different from current name)?

Dates/years licensed

Why did the license terminate?

Does your company currently sell licensed products overseas for other properties? [Answer only if requesting non-U.S. rights]

If yes, please list properties and countries in which you have activity

Has your company ever filed for bankruptcy (including Chapter 11)?

If yes, please explain

Name of applicant: \_\_\_\_\_

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

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

	Please do not write in box. For	Please do not write in box. For Yale Trademark Program use only.			
Received	Reviewed	Application approved			
	Effective Date	e			