



DOMESTIC TRADEMARK LICENSE APPLICATION

Please contact Paul Murawski at 203-298-8420 or at paul.murawski@yale.edu with any questions regarding this application. Email completed application to paul.murawski@yale.edu or mail to: Paul Murawski 282 York Street Suite 202, Yale University, New Haven, Connecticut 06511

Company Information

Date

Company name

DBA (if applicable)

Address:

City/State/Zip

Telephone

Web address

Is the company a subsidiary? Yes No

If so, please provide parent company information

Parent company

Address

City/State/Zip

Telephone

Web address

Type of company:

Corporation

Partnership

Sole Proprietorship

Limited Liability Corporation

Number of years in business _____

Tax/Employer ID# _____

Liability insurance

Yale University requires all licensees to carry a minimum of \$1,000,000 per occurrence of liability insurance, from insurance companies rated A or higher by Best Ratings Company and naming Yale University as an additional insured.

How much liability insurance does your company carry?

Is your insurance company rated? Yes No If so, how?

Insurance company name

Contact person

Address

City/State/Zip

Phone number

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 Please check the box to confirm your affiliation:

Additional information

Has your company previously been licensed with Yale? Yes No

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

Dates/years licensed Why did the license terminate?

Has your company ever filed for bankruptcy (including Chapter 11?) If so, please explain

Product information

Proposed product(s) for Yale University:

(Please be specific: i.e., instead of “apparel,” specify individual product and gender, e.g., women’s cotton t-shirts.)

Manufacturing information

Please list facilities (or attach separate sheet):

Your company’s role (i.e., manufacture, assemble, imprint, finish):

Estimated Yale product sales

Please estimate sales:

Year 1

Year 2

Distribution - Please check below specific retail through whom you already do business or have confirmed distribution.

Note: On the following page, please list retailers through whom you intend to do business but who have made no commitments yet.

| Confirmed Distribution Channel | Indicate name of retailer where applicable | Additional comments/requests |
|---|--|------------------------------|
| Yale Bookstore | | |
| Campus Customs and Authorized Website (shopcampuscustoms.com /yalebulldogblue) | | |
| Off Price Retailers | | |
| Mass Market Retailers | | |
| Mid-Tier Retailers | | |
| Department Stores | | |
| Gift/Specialty Mkt. Stores | | |
| Mail Order and Catalog Companies (print only) (not owned or controlled by Licensee) | | |
| Mail Order and Catalog Companies (print only) (owned or controlled by Licensee) | | |
| Online Retailers (not owned or controlled by Licensee or Licensee's affiliate) | | |

| | | |
|---|--|--|
| Online Retailers (owned or controlled by Licensee or Licensee's affiliate) | | |
| Internal Yale Departments | | |

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

Other licenses

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

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Name of applicant:

Date:

By checking this box, I confirm that I am the person named above as the applicant, and that the information given in this form is true, complete and accurate.