

## TRADEMARK LICENSE APPLICATION

Please contact Leigh Anne Minutoli at 203-432-0710 or at leighanne.minutoli@yale.edu with any questions regarding this application. Email completed application to <a href="LeighAnne.Minutoli@yale.edu">LeighAnne.Minutoli@yale.edu</a> or mail to: Leigh Anne Minutoli, 282 York Street Suite 202, Yale University, New Haven, Connecticut 06511

Company Information
Date
Company name
DBA(ifapplicable)
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
Геlephone	Fax
Primary Licensing contact	
Гitle	E-mail
Геlерhonе	Fax
Distribution contact	
Γitle Γ	E-mail
Геlephone	Fax
Marketing contact	
Title	E-mail
Геlephone	Fax
Art/Design contact	
<b>Fitle</b>	E-mail
Геlерhonе	Fax
FLA affiliation - Yale University is a member of the	ne Fair Labor Association (FLA) and requires all licensees to be registered with the
FLA Please check the box to confirm your affiliation:	Category
Additionalinformation	
Has your company previously been licensed with	Yale? Yes No
If yes, under what name was the company license	ed (if different from current name)?
Dates/years licensed Why did the	he license terminate?
Has your company ever filed for bankruptcy (incl	luding 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 productsales
Please estimate sales:
Year 1
Year 2

**Distribution** - Please check below specific retailers 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	Name of store/chain (please provide name(s) of all applicable stores/chains and addresses)	Domestic (national or regional; if regional, please list regions)
Yale Bookstore		
Campus Customs and Authorized Website (shopcampuscustoms.com /yalebulldogblue)		
Other New Haven Retailers		
Mass Market Retailers		
Mid-Tier Retailers		
Department Stores		
Gift Market Stores		
Mail Order and Catalog Companies (print only) ( <b>not</b> owned or controlled by Licensee)		
Mail Order and Catalog Companies (print only) (owned or controlled by Licensee)		
Online Retailers ( <b>not</b> owned or controlled by Licensee or Licensee's affiliate)		

Online Retailers (owned or controlled by Licensee or Licensee's affiliate)	
Television Home Shopping Channels	

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):		
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.		