



TRADEMARK LICENSE APPLICATION

Please contact Denise Castellano at 203-432-2313 or at denise.castellano@yale.edu with any questions regarding this application.
Email completed application to Denise.Castellano@yale.edu or mail to: Denise Castellano, P.O. Box 208375, 55 Whitney Avenue, Suite 640, Yale University, New Haven, Connecticut 06520-8375

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: Category _____

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 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) (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)		
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):

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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.