

Michigan State University Trademark License Application

Requirements: *Completion of this application*
\$50.00 Nonrefundable Application Fee
One representative sample of your current product (please, no Michigan State prototypes)

Thank you for your interest in Michigan State University trademark licensing. This form allows us to get to know your company better so please answer these questions as completely as possible. Upon meeting the requirements list above, and approval of your application, you will be issued a contract and related materials to complete. **Please note that this is not a contract.** You are **not authorized** to use MSU trademarks until: 1) you receive a fully executed Trademark License Agreement; 2) your products and graphics have been approved; and 3) you have provided our office with evidence of product liability insurance.

Company Information:

Company Name: _____

Other Names (dba's) _____

Names on label or packaging: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

U.S. Fed Tax ID or Social Security Number: _____

Contacts:

Company President: _____

Phone: _____ e-mail: _____

Licensing Contact: _____ Title: _____

Phone: _____ e-mail: _____

Royalty Reporting: _____ Title: _____

Phone: _____ e-mail: _____

Artwork Approval: _____ Title: _____

Phone: _____ e-mail: _____

CSR Officer: _____ Title: _____

Phone: _____ e-mail: _____

If this business is a subsidiary, please identify your **parent company**:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Addresses of other locations: _____

Company Function: Manufacture and Imprint
 Manufacture only. Source of Imprint: _____
 Imprint only. Source of goods: _____
Method of Imprint: Screenprinting Embroidery Other _____
 Distributor Advertising Specialty (If either of these apply, a complete list of suppliers of the proposed MSU products must be submitted with the application.)

Type of Entity: Corporation Sole Proprietorship Limited Liability Corporation
 Limited Partnership General Partnership Arts and Crafts Other

U.S. State of Organization: _____ and year _____ incorporated

Type of Ownership: Public Private Other

- Minority Ownership** (A business in which more than 50% of the voting shares are owned by minority persons – U.S. citizens that are: women or of racial or national origin, i.e. African-American, Eskimo, Hispanic, Native American, Oriental.)
- Female Ownership** (A business in which more than 50% of the voting shares are owned by female persons.)
- Small Business** (A business which must not exceed 20 employees, must not exceed \$3 million total gross sales over 3 fiscal years, must not dominate in field, must not be an affiliate or subsidiary.)

List and give a description of each product for which you are seeking a license: _____

Is any part of your product manufactured outside of the United States? No Yes

If yes, please list the country(s) of origin: _____

Please identify the organization responsible for establishing and monitoring your industry standards.

Please list the industry trade journals that best report on developments in your industry.

Have any products you produced ever been involved in a product liability claim? No Yes

If yes, please explain: _____

Your company's annual consolidated revenues are: \$ _____
Your company's annual sales of licensed products are: \$ _____
Your annual sales estimate of Michigan State product (s) is: \$ _____

Wholesale and retail prices of products you would like licensed: _____

Please describe your proposed method of distribution of Michigan State University products and target markets
(please refer to your business plan and be specific): _____

Please indicate the following information for your Michigan sales representative:

Company Name: _____ Contact: _____
Address: _____ Website: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ FAX: _____ e-mail: _____

Have you previously applied for a Michigan State trademark license? No Yes

If yes, please explain your reasons for re-applying: _____

Are you licensed with other universities or entities? No Yes

If yes, list other licenses held (not those under application):

Licensor	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return Completed Application To:

**University Licensing Programs
Michigan State University
216 MSU Union
East Lansing, MI 48824-1029**

**Phone: (517)355-3434
Fax: (517)432-9859**

DO NOT MARK BELOW - FOR OFFICE USE ONLY

Application Fee Paid: _____

Sample Submitted: _____

Application Approved: _____

Advance Amount: _____

Insurance Amount: _____

Contract Number: _____

Name Code: _____