



TRADEMARK LICENSE APPLICATION

Please type or print clearly. If a question does not apply, please respond N/A.
Only completed applications will be reviewed.

COMPANY INFORMATION

COMPANY NAME:

ADDRESS (INCLUDE STREET, CITY, STATE & ZIP)

PRIMARY PHONE:

FAX:

WEBSITE:

OTHER NAMES/BRANDS UNDER WHICH YOU DO BUSINESS:

THIS COMPANY IS A:

 CORPORATION
 LIMITED PARTNERSHIP
 SOLE PROPRIETORSHIP
 WHOLLY OWNED SUBSIDIARY
 OTHER: _____

IF THIS COMPANY IS A SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY:

YEAR COMPANY BEGAN OPERATIONS:

FEDERAL TAX ID NUMBER:

COMPANY CONTACTS *(if not applicable, please provide name(s) of business owners)*

PRESIDENT/OWNER:

PHONE:

E-MAIL:

FAX:

RESPONSIBLE OFFICER/REPRESENTATIVE:

PHONE:

E-MAIL:

FAX:

ADMINISTRATOR:

PHONE:

E-MAIL:

FAX:

MARKETING AND DISTRIBUTION

PLEASE SUMMARIZE BELOW YOUR PRIMARY TARGET MARKET(S) AND METHOD(S) OF USE FOR THE REQUIRED TRADEMARKS:

TRADEMARK LICENSE APPLICATION**PRODUCT / SERVICE LINE**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PRODUCT OR SERVICE, FOR WHICH YOU ARE REQUESTING A LICENSE. USE OF THE TRADEMARK MUST CONFORM TO THE DEPARTMENT'S SPECIFICATIONS.

IF THE TRADEMARK WILL BE USED SOLELY ON PRINTED MATERIALS (BROCHURES, SIGNS, MENUS ETC.) SAMPLES OF THE PRINTED MATERIALS MUST ACCOMPANY THE APPLICATION.

SAMPLES OF EACH PRODUCT MUST ACCOMPANY THE APPLICATION. USE ADDITIONAL SHEETS AS NECESSARY.

COMPLETE DESCRIPTION OF SERVICE (E.G., BROCHURE, PLACEMAT, MAPS, ETC.):

NOT APPLICABLE

COMPLETE DESCRIPTION OF PRODUCT (E.G., SWEATSHIRT, T-SHIRT, KEY CHAIN, ETC.):

NOT APPLICABLE

DESCRIBE MATERIAL TO MAKE PRODUCT (E.G. 100% COTTON, SOLID BRASS, PLASTIC):

NOT APPLICABLE

MANUFACTURER:

HOW IS LOGO APPLIED AND WHO APPLIES LOGO? (E.G., SEWN, GLUED, ETC.):

APPROXIMATE WHOLESALE PRICE:

PLEASE ATTACH ADDITIONAL INFORMATION, SUCH AS CATALOGS OR SELL SHEETS, OR OTHER INFORMATION THAT MAY ASSIST US IN THE REVIEW OF YOUR APPLICATION

CERTIFICATION

Only completed and signed applications will be reviewed.

I have read and understand this application, and to the best of my ability have provided accurate information. I grant the Commonwealth of Pennsylvania, Department of Community and Economic Development permission to verify the information contained in this application. I am aware that this information may be used in the evaluation of this application.

Signature

Date

Print Name

Title

Mail or E-mail to:

Pennsylvania Department of Community & Economic Development
Attn: Shelley Speirs - Pennsylvania Tourism Office
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225

E-mail: sspeirs@state.pa.us