



TRADEMARK LICENSING APPLICATION

Please type or print clearly, and answer all questions. Only completed applications will be reviewed.

COMPANY INFORMATION

Company name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone No.: (____) _____ Fax: (____) _____

Web Address: _____ E-mail: _____

Other names/brands under which you do business:

This company is a:

____ Corporation ____ Limited Partnership ____ Other: _____

____ Sole Proprietorship ____ Wholly Owned Subsidiary

If this company is a subsidiary, give name and address of parent company:

Year company began operations: _____ Federal Tax ID Number: _____

Please indicate which best describes your company in regard to the manufacture of this product line:

____ Original Manufacturer ____ Wholesaler ____ Distributor

____ Sales/Marketing Agency ____ Other: _____

COMPANY CONTACTS

President: _____ Phone: (____) _____

Email: _____ Fax: (____) _____

Contract Officer: _____ Phone: (____) _____

Email: _____ Fax: (____) _____

Licensing Administrator: _____ Phone: (____) _____

Email: _____ Fax: (____) _____

Artwork Approvals: _____ Phone: (____) _____

Email: _____ Fax: (____) _____

REFERENCES

List three credit references, including primary banking institution:

____ Phone: (____) _____
____ Phone: (____) _____
____ Phone: (____) _____

Other licenses you hold:

____ Phone: (____) _____
____ Phone: (____) _____
____ Phone: (____) _____

PRODUCT LINE

Please list each product, or product line, you are submitting for licensing. Samples of each product must accompany application. Use additional sheets as necessary:

MARKETING AND DISTRIBUTION

Please indicate your primary target market(s) and method(s) of distribution (check all that apply, but rank #1,2,3 etc. If you are currently distributing to that market, list existing accounts or locations) :

____ Upscale Retail (such as Jacobson's, Nordstrom, etc.)
Existing accounts: _____
____ Midscale Retail (such as Kohl's, J.C. Penny, etc.)
Existing accounts: _____
____ Mass Retail (such as Kmart, Wal-Mart, etc.)
Existing accounts: _____
____ Wholesale
Existing accounts: _____
____ Direct Response
Existing accounts: _____
____ Internet
Existing accounts: _____
____ Craft/Art Shows
Existing accounts: _____
____ Flea Market/Swap Meet
Existing accounts: _____
____ Other: _____

INSURANCE

Please indicate name and phone number of primary business policy carrier:

Name: _____ Phone: (____) _____

Have any products you produce ever been involved in a product liability claim?

____ No ____ Yes If yes, please explain _____

Please attach any additional information that would assist us in the evaluation of your application. Remember to sign your application – ONLY COMPLETED AND SIGNED APPLICATIONS WILL BE REVIEWED.

Please attach additional information, such as catalogs or sell sheets, or other information that may assist us in the review of your application.

I have read and understand this application, and to the best of my ability have provided accurate information. I grant the Ohio State Highway Patrol permission to verify as well as exchange information on the company filing this application, including requesting reports from credit reporting agencies. I am aware that this information may be used in the evaluation of this application. Upon request, the Ohio State Highway Patrol will provide me with the name and address of any agency that has provided a credit report on the company filing this application.

Signature: _____

Print Name: _____

Title: _____

Date: _____

RETURN APPLICATION TO:

The Ohio State Highway Patrol
Public Affairs Unit
Attn: Trademark Licensing Program
1970 West Broad Street
Columbus, OH 43223