



TRADEMARK LICENSE APPLICATION

Logo Use for Non-Saleable & Saleable Items

PA Route 6 Alliance
P.O. Box 180
Galeton, PA 16922
814-435-7706 (t)
814-435-6322 (f)
paroute6@verizon.net
www.paroute6.com

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

Company/Organization Information			
Company/Organization Name			
Street Address			
City, State, Zip			
Primary Phone		Fax Number	
Email Address		Website	
Other Names/Brands Under Which You Do Business			
This is a:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Sole Proprietorship
			<input type="checkbox"/> Wholly Owned Subsidiary
If this Company is a subsidiary, give name and address of parent company:			
Year Company Began Operations		Federal Tax ID Number	
Company/Organization Contacts			
President/Owner		Phone	
Email Address		Fax	
Responsible Officer/Representative		Phone	
Email Address		Fax	
Administrator		Phone	
Email Address		Fax	
Marketing and Distribution			
Please summarize below, your primary target market(s) and method(s) of use for the required trademarks:			

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 Graphic Band Standards.

If the Trademark will be used solely on printed materials (brochures, signs, menus, etc...), samples of the printed materials must accompany this 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 primary material of product (E.g., 100% Cotton, solid brass, matte card stock, etc.):

Not Applicable

Product Manufacturer

How is Logo applied and who applies the Logo? (E.g., sewn, glued, screen-print, 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 PA Route 6 Alliance 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

Title

Print Name

Date

Mail or Email to:
 Terri Dennison, Executive Director
 PA Route 6 Alliance
 P.O. Box 180
 Galeton, PA 16922
 terri.paroute6@verizon.net