

APPLICATION FOR TRADEMARK LICENSE

1. Manufacturer Retailer Student (check applicable)
2. Applicant's name:

Company name:

President/Proprietor: (if different from above)

Address:

City:

Postal Code/Zip:

Email Address:

**Other tradenames:** (please list on reverse)

1. Marks\* applied for (check applicable):

StFX Logos

StFX/St. Francis Xavier University wordmarks

Province/State: Phone:

Other

Country: Fax:

1. Product Categories: (check applicable):

Sportswear Jewellery Other

Clothing Giftware

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1. Retail outlets: (check applicable)

StFX Store

X-Ring Store

 Other Retail (list)

Local (Antigonish) Other Locales (list)

1. Manufacturer/silk screener/ embroiderer: (if different from above) (if more than one, list on reverse of sheet)

Company Name: Address:

President/Proprietor:

City:

Postal Code/Zip:

Province/State: Phone:

Country: Fax:

1. Signature of Applicant

Signature Date

Name Position

Return completed application to:

St. Francis Xavier University

Ancillary Services

5005 Chapel Square

Physical Plant Building, Office 208

Antigonish, NS

B2G 2W5

Phone: (902)867-2004

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\*Licensees must maintain, throughout the term of the Licensing Agreement and for a period of no less than two (2) years following the termination of the Agreement, comprehensive general liability insurance, including blanket contractual liability and personal injury liability insurance against claims based upon product liability in respect of the licensed products in an amount of not less than two million dollars ($2,000,000.00) combined single limit.