

# Yale Licensing Program

## TRADEMARK LICENSE APPLICATION

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Please contact Denise Castellano at 203 432-2313 or at [denise.castellano@yale.edu](mailto:denise.castellano@yale.edu) with any questions regarding this application.  
Mail completed application to: Denise Castellano, P.O. Box 208375, 2 Whitney Avenue, Yale University, New Haven, Connecticut 06520-8230;  
or fax to 203 432-4645.

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### Company information

Company name

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DBA (if applicable)

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Address

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City/State/Zip code

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Telephone

Fax

Web address

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Is this company a subsidiary?

If yes, provide parent company information:

Parent company

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Address

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City/State/Zip code

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Telephone

Fax

Web address

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Type of company:

Corporation

LLC

Partnership

Sole proprietorship

Number of years in business

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Tax/Employer ID#

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### Bank/Financial institution

Primary bank

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Address

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City/State/Zip code

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*Company contacts*

Primary licensing contact

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Title E-mail

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Telephone Fax

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License agreement signatory

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Title E-mail

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Telephone Fax

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Distribution contact

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Title E-mail

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Telephone Fax

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Marketing contact

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Title E-mail

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Telephone Fax

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Art/Design contact

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Title E-mail

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Telephone Fax

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*FLA affiliation*

*Yale University is a member of the Fair Labor Association (FLA) and requires all licensees to be registered with the FLA or to provide proof of adherence to guidelines that meet or exceed those of the FLA.*

Is your company registered with the FLA? If yes, category:

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If no, please provide details:

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*Distribution*

Please check specific retailers through whom you will do business:

Distribution Channel	Name of store/chain (please list address if known)	Domestic (national or regional; if regional, please list regions)	International (please list specific territories)
<input type="checkbox"/> Yale Bookstore			
<input type="checkbox"/> Mass Market Retailers			
<input type="checkbox"/> Mid-Tier Retailers			
<input type="checkbox"/> Department Stores			
<input type="checkbox"/> Gift Market Stores			
<input type="checkbox"/> Mail Order and Catalog Companies (print only) (not owned or controlled by Licensee)			
<input type="checkbox"/> Mail Order and Catalog Companies (print only) (owned or controlled by Licensee)			
<input type="checkbox"/> Online Retailers (not owned or controlled by Licensee or Licensee's affiliate)			
<input type="checkbox"/> Online Retailers (owned or controlled by Licensee or Licensee's affiliate)			
<input type="checkbox"/> Television Home Shopping Channels			

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*Other licenses*

Please list other collegiate licenses your company currently holds (include additional sheet if needed):

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*Liability insurance*

*Yale University requires all licensees to carry a minimum of \$1,000,000 per occurrence of liability insurance, from insurance companies rated A or higher by Best Ratings Company and naming Yale University as an additional insured.*

How much liability insurance does your company carry?

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Is your insurance company rated?

If so, how?

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Insurance company name

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Contact person

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Address

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City/State/Zip code

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Telephone

Fax

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*Additional information*

Has your company previously been licensed with Yale?

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If yes, under what name was the company licensed (if different from current name)?

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Dates/years licensed

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Why did the license terminate?

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*Additional information, cont.*

Does your company currently sell licensed products overseas for other properties? [Answer only if requesting non-U.S. rights]: \_\_\_\_\_

If yes, please list properties and countries in which you have activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your company ever filed for bankruptcy (including Chapter 11)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date application submitted: \_\_\_\_\_

Please do not write in box. For Yale Trademark Program use only.

Received \_\_\_\_\_ Reviewed \_\_\_\_\_ Application approved \_\_\_\_\_

Effective date \_\_\_\_\_