

RENEWAL FOR TRADEMARK LICENSE

# Manufacturer Retailer

1. Applicant's name: Company name:

President/Proprietor: (if different from above)

# Address:

City: Province/State: Country:

Code: Email Address:

Phone:

Fax:

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

1. Marks\* applied for (check applicable)

StFX Logos

StFX/St. Francis Xavier University wordmarks

Other

1. Product categories:(check applicable):

Sportswear Jewellery Other

Clothing Giftware

-2-

# Retail outlets (check applicable)

StFX Store

X-Ring Store

 Other retail (list)

Local (Antigonish) Other Locales (list)

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

Company name: President/proprietor: Address:

City: Code:

Province/State: Country:

Phone: Fax:

# 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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