

# The Valley of the Sun Bowl Foundation dba Insight Bowl Trademark License Application

Thank you for your interest in licensing the INSIGHT BOWL Trademark (hereinafter the "Trademark") from The Valley of the Sun Bowl Foundation. Please complete the following application so that we may better service your needs through our program. There is a \$100 non-refundable application fee due at the time of application submission. An approved application does not authorize you to use the Trademark. To begin the application process, please submit the following items to The Valley of the Sun Bowl Foundation C/O Trademark Licensing Department 7135 E. Camelback Rd. Ste 190, Scottsdale, AZ 85251.

1. **Completed Trademark License Application**
2. **Two (2) product samples of prior like items to be produced**
3. **Payment in full of Application Fee**
4. **Evidence of liability insurance as outlined**
5. **If applicable, include copies of FDA and UL approval letters**

Submitting the above listed items is not an authorization to use the Trademark of The Valley of the Sun Bowl Foundation. You will be notified if your application is approved and will be sent additional items including a Trademark Licensing Agreement to be completed prior to producing product utilizing the Trademark.

## General Information:

Company Name:

Other Names (dba)

Address:

City:  State:  Zip Code:

Corporation  Partnership  Private  LLC  Sole Proprietor

Tax ID or Social Security Number:  Yrs in Business:

Primary Banking Institution:  Contact:

Bank Fax:  Bank Telephone:

License Fees for Fiesta Bowl Trademarks (made payable to The Valley of the Sun Bowl Foundation):

Application fee      \$100.00                      Advance      \$2,000.00 (\$750.00 non-apparel)

\*\*All fees are non-refundable

**Company Contacts:**

*License Agreement:*

Name

Telephone:       Fax:       E-Mail:

*Art/Design:*

Name

Phone:       E-Mail:

**Finance:**

Name

Phone:       E-Mail:

**FLA Affiliation:**

We are a member of the Fair Labor Association (FLA) and require that all of our licensees are registered with the FLA or adhere to guidelines that exceed those of the FLA.

Registered with FLA:    Yes      No

If no, please outline adherence policies:

**Liability Insurance:**

There is a minimum insurance requirement for all licensees of \$1,000,000.00 naming The Arizona Sports Foundation, Fiesta Event Inc., The Valley of the Sun Bowl Foundation and The Arizona College Football Championship Foundation as additional insured.

Insurance Company Name:

Address:

Contact Person:       Phone:

**History:**

Has your organization previously held a license for The Valley of the Sun Bowl Foundation?

Yes            No            Yr:

Has your company had any claims filed against it for trademark infringement, patent infringement, copyright infringement or other similar claim?

Yes            No

*If yes, please explain:*

Have any of your products been involved in a product liability claim?

Yes            No

*If yes, please explain:*

**Manufacturing:**

Are you the manufacturer of your product?    Yes            No

If no, please provide a list of your manufacturers, attach additional sheets if necessary.

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

If you manufacture your product, do you also sell blanks of your merchandise?

Yes            No

Is any part of your product manufactured outside of the United States? Yes No

*If yes, please describe:*

Will you be applying the Trademarks to the product? Yes No If you are not, please provide a list of those manufacturers that you will be utilizing. You will be required to submit Manufacturers Agreement for each of the companies.

Name:

Address:

Name:

Address:

Name:

Address:

Indicate the methods you will be using to apply the Trademarks to products:

Screen printing Embroidery Other (explain)

### **Distribution and Sales:**

What was the retail dollar volume of your licensed goods sold last fiscal year? \$

List the items you wish to produce and their respective wholesale and retail prices as well as your quantity and sales forecast for each item. Attach additional sheets if necessary:

Describe your internal method of tracking and reporting of licensed products.

Describe briefly your planned method of distribution of the product (mass market, campus stores, direct mail, website, etc)

**List those companies to which you plan to market the licensed product:**

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

**References:**

Company Name:

Address:

Contact Name:

Title:

Phone number:

Email address:

Company Name:

Address:

Contact Name:

Title:

Phone number:

Email address:

Company Name:

Address:

Contact Name:

Title:

Phone number:

Email address:

**Do Not Mark Below/Office Use Only**

Application received

Application approved

Insurance provided

Fee payment received

Samples received

Account number

Contract received