

APPLICATION FOR TRADEMARK LICENSE

l.	Manutacturer	Retailer	Student	(check applicable)
2.	Applicant's name:			
	Company name:			
	President/Proprietor: (if d	lifferent from above)		
	Address:			
	City:	Pro	ovince/State:	Country:
	Postal Code/Zip:	Pho	one:	Fax:
	Email Address:			
	Other tradenames: (please	list on reverse)		
3.	Marks* applied for (check	applicable):		
	StFX Logos		Other	
	StFX/St. Francis Xa wordmarks	vier University		
4.	Product Categories: (che	ck applicable):		
	Sportswear		Clothing	
	Jewellery		Giftware	
	Other			

5.	Retail outlets: (check applicable)			
	StFX Store	Local (Antigonish)		
	X-Ring Store	Other Locales (list)		
	Other Retail (list)			
6.	Manufacturer/silk screener/embroid	erer: (if different from above) (if more than one, list on reverse	e of sheet)	
	Company Name:	President/Proprietor:		
	Address:			
	City:	Province/State:	Country:	
	Postal Code/Zip:	Phone:	Fax:	
7.	Signature of Applicant			
	Signature	Date		
	Name	Posit	tion	
Return	completed application to:			
St. Fran	ncis Xavier University			
Ancilla	ry Services			
5005 Chapel Square Physical Plant Building, Office 208 Antigonish NS		Phone: (902)867-2004		

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^{*} Trademarks of St. Francis Xavier University are protected under the <u>Trademarks Act</u> and the <u>Copyright Act</u> of Canada. Approval for use <u>must</u> be obtained through the Office of Ancillary Services.

^{*}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.