

RENEWAL FOR TRADEMARK LICENSE

		Retailer			
Applicant's name:					
Company name: _					
	Or: (if different from above)				
Address:					
City:		Province/State:		Country:	
Code:	Phone:		Fax:		
Email Address:					
Marks* applied for	· (check applicable)				
Marks* applied for StFX Logos	· (check applicable)		Other		
StFX Logos	c (check applicable)		Other		
StFX Logos StFX/St. Fran	ncis Xavier University		Other		
StFX Logos StFX/St. Fran wordmarks	ncis Xavier University	Clotl			
StFX Logos StFX/St. Fran wordmarks Product categories:	ncis Xavier University	Clotl	ning		

5.	Retail outlets (check applicable)						
	StFX Store	Local (Antigonish)					
	X-Ring Store	Other Locales (list)					
	Other retail (list)						
6.	Manufacturer/silk screener/embroiderer:(if different from above) (if more than one, list on reverse of sheet)						
	Company name:						
	President/proprietor:						
	City:	Province/State: Country:					
	Code: Phone:	Fax:					
7.	Renewal Term: Term of this as	Renewal Term: Term of this agreement shall be one (1) year					
	from,	to,					
8.	Signature of Applicant:						
	Signature	Date					
	Name	Position					
Retu	rn completed application to:						
St. F	rancis Xavier University						
Anci	llary Services						
Phys	Chapel Square ical Plant Building, Office 208 gonish, NS	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.