Cortaca License Application

Standard License Application

The applicant should answer all information below to the best of their ability so that a proper evaluation of the application can be made. Please note that when the application is reviewed it is taken into consideration how thoroughly the application was completed by the applicant, and that both Ithaca College and SUNY Cortland may contact the applicant and/or references to clarify information.

Completed applications should be emailed to cortaca@ithaca.edu for review.

Company Information			
Company Name			
Contact Name			
E-Mail			
Phone Fax			
Company Website			
Mailing Address			
City	State/Province	Zip/Postal	Country
Please list your company contact Artwork Contact Name Title E-Mail			
Phone Fax			
Mailing Address			
City	State/Province	Zip/Postal	Country
Type of Organization (Select on information. Use an addition sho	•	owner, partner, and	d/or officer

Inception Date	State/Province	
Owner/Partner		
Title		
Owner/Partner	_	
Title		
☐Limited Liability Corporation		
Inception Date	State/Province	
Owner/Partner	_	
Title		
Owner/Partner		
Title		
□Partnership		
Inception Date	State/Province	
Owner/Partner	_	
Title		
Owner/Partner	_	
Title		
□Proprietorship		
Inception Date		
Type of Business (select one):		
☐Ad Specialty ASI# PPAI#		
Distributer		
☐ Manufacturer		
□Retailer		

License Information

Are you or any principle in y ☐ No ☐ Yes,	our company an Alumnus of o	either of these institu	utions?
\square_{No}	e agreements, in good standi		-
Please List Two Client Re	ferences:		
Client 1 Reference Name			
Address			
	State/Province	Zip/Postal	Country
Phone	E-Mail		
	relationship to this client and		
Address	-		
City	State/Province	Zip/Postal	Country
Phone	E-Mail		
Please briefly describe your	relationship to this client and	the type of product	created/delivered:
Licensor Reference* Name			
Address			
	State/Province	Zip/Postal	Country
Phone	E-Mail		

^{*}Note: Licensor Reference is an entity for which you are licensed, or have previously held a license. If you haven't been licensed before, please mark N/A.

Manufacturing Information

Please provide the following information to the best of your ability. Please do not leave any information blank, and please use "N/A" only when no answer can be reasonably given.

applying? □ No	merchandise for either Ithaca (College or SUNY Cortia	ind for which you are
□Yes Please indicate which ir	nstitution and provide a brief d	lescription of the merc	chandise produced below
Who is manufacturing the	e finished product for which yo	u are applying?	
□ Internal □ Outsource			
If outsource, please provide Please attach an additional	de the following information fo al sheet if needed.	or the company manuf	acturing the product.
Company Name			
Contact Name			
Address			
City	State/Province	Zip/Postal	Country
Phone	Fax	E-Mail	
Who will be applying the □ Internal □ Outsource	Cortaca trademark to the finis	hed product?	
If outsource, please provide Please attach an additional	de the following information fo al sheet if needed.	or the company manuf	acturing the product.
Company Name			
Contact Name			
Address			
City	State/Province	Zip/Postal	Country
Phone	Fax	E-Mail	

Method for applying the marks to the products: ☐ Screen-printing ☐ Embroidery Other (please explain) _____ If approved, how long will it take you to begin production of products bearing the Cortaca trademark? **Distribution Information** Where are you planning to sell your product? (Mark all outlets where you have a strong likelihood of obtaining orders.) ☐ Alumni Association □ Athletic Department □ Concessionaire □Fundraiser □Online Store □Convenience Store □Campus/Student Group □ Catalog □Direct Response □Discount Store □University Department □Department Store ☐ Bookstore ☐ Sports Specialty ☐Mass Merchants Please identify each of the distribution channels marked above:

Manufacturing Information (Continued)

Prospective Licensee Statement

- 1. I hereby affirm that my answers to the above questions, are, to the best of my ability, true, accurate, and complete. Ithaca College and SUNY Cortland will verify information through available resources where applicable. I understand that any license which may be granted to me by Ithaca College and SUNY Cortland will be subject to immediate termination, without the return of any amount paid or the abatement of any amount due, in the event that either institution finds that I have supplied false, misleading, fraudulent, or incomplete information.
- 2. I hereby acknowledge the proprietary nature of all terminology and marks of Ithaca College and SUNY Cortland and I further acknowledge that all rights, titles and interest to such terminology and marks belong to each respective client. I agree that I will make no use of any Ithaca College and SUNY Cortland's marks or terminology without written consent from both institutions. I understand that acceptance of this application by Ithaca College and SUNY Cortland does not constitute a license or that such acceptance requires these institutions to enter any licensing agreement.
- 3. I hereby agree that my product or concept submitted upon request will be reviewed and accepted or rejected at the discretion of Ithaca College and SUNY Cortland.
- 4. I hereby acknowledge that the submission of any and all product samples is at my expense and that product samples will not be returned.

Ithaca College and SUNY Cortland have agreed that any product sample(s), mock-up(s), etc. that I submit upon request will be examined for approval only by the institutions. I acknowledge that Ithaca College and SUNY Cortland may license other products similar to mine without obligation to me.

 Officer/Agent (Print Name):
Title:
Signature:
Date: