



## LICENSING APPLICATION

Thank you for your interest in licensing The Ohio State University's identifying marks. The purpose of this application is to obtain detailed information about your company and the product(s) you seek to produce under license so that OSU may determine if providing a license to your company is in the best interest of its licensing and merchandising program. It is important that you provide thorough and accurate information. Note that this document is an application only and does not authorize the applicant to manufacture, promote or distribute any merchandise that bears the identifying marks of The Ohio State University.

A complete application will consist of the following:

1. Completed and signed Ohio State Licensing Application
2. Financial statements, annual reports or income tax returns for the last two (2) business years
3. Product Marketing and Distribution Plan (See Page 5)
4. FLA Membership Certificate (if applicable)
5. Completed Product Sample Submission Form(s) (See Page 8)
6. Sample of each proposed product (Non-Ohio State version)

The following two items may also be required for some applicants:

- FDA Approval: A copy of applicant's FDA Approval must be included with applications for consumables, health and beauty products or sunglasses.
- UL Approval for Electrical Products. A copy of applicant's UL Approval must be included with applications for all electrical products.



**COMPANY INFORMATION**

<b>Company Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Province/Country:</b>	
<b>Main Phone:</b>	
<b>Fax Number:</b>	
<b>Website:</b>	

<b>Company Contacts</b>	<b>Name</b>	<b>Email Address</b>
Primary Contact:		
Financial/Royalty:		
Product Development:		
Sales:		

<b>Company also known as or doing business as and/or product labels:</b>	
Other Company Names:	Type of alias:



## LICENSING APPLICATION

If this business is a subsidiary, please provide name and address of parent company: \_\_\_\_\_

Type of organization:

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietorship

☐ Other: \_\_\_\_\_

State and Year of legal formation: \_\_\_\_\_

Is your company one of the following?

Minority Owned Business

☐ Yes ☐ No

(a business in which more than 50% of the voting shares are owned by U.S. citizens that are members of the following racial groups: African American, Asian American, Hispanic American or Native American)

Woman Owned Business

☐ Yes ☐ No

(a business in which more than 50% of the voting shares are owned by U.S. citizens that are female)

Small Business

☐ Yes ☐ No

(a business which must be independently owned and operated, organized for profit, is not dominant in its field or industry and meet the Small Business Administration's definition of "small business" for its particular industry)

Tax ID Number: \_\_\_\_\_

How many employees does the company have? \_\_\_\_\_

Have you previously applied for licensing with Ohio State? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_

## FINANCIAL INFORMATION

Company's gross revenues for past three years (check one for each year):

Year

Gross Revenues

_____	<input type="checkbox"/> \$0-\$50K <input type="checkbox"/> \$50K-\$500K <input type="checkbox"/> \$500K-\$5m <input type="checkbox"/> 5m-\$10m <input type="checkbox"/> \$10m-\$50m <input type="checkbox"/> \$50m+
_____	<input type="checkbox"/> \$0-\$50K <input type="checkbox"/> \$50K-\$500K <input type="checkbox"/> \$500K-\$5m <input type="checkbox"/> 5m-\$10m <input type="checkbox"/> \$10m-\$50m <input type="checkbox"/> \$50m+
_____	<input type="checkbox"/> \$0-\$50K <input type="checkbox"/> \$50K-\$500K <input type="checkbox"/> \$500K-\$5m <input type="checkbox"/> 5m-\$10m <input type="checkbox"/> \$10m-\$50m <input type="checkbox"/> \$50m+

Have there been any voluntary or involuntary bankruptcies, receiverships appointed or assignments for the benefit of creditors? ☐ Yes ☐ No

If yes, please attach a separate sheet providing all details, including disposition.



## LICENSING APPLICATION

Please provide three credit references (include primary bank or financial institution):

Institution Name	Institution Address	Contact Name	Phone/Email

If the company is public, please provide a copy of your most recent annual report. If the company is private, please provide audited financial statements. If the company is a start-up, please provide a copy of the company's business plan and most recent tax return.

### LEGAL AND INSURANCE CLAIMS

Have any claims been filed against this company or related entities for trademark, copyright, patent or other intellectual property infringement? ☐ Yes ☐ No

*If yes, please attach a separate sheet providing all details, including disposition.*

Have any product liability claims been filed against this company or related entities? ☐ Yes ☐ No

*If yes, please attach a separate sheet providing all details, including disposition.*

### INFRASTRUCTURE INFORMATION

Company Function:

☐ Manufacturer ☐ Distributor ☐ Advertising Specialty ☐ Artist/Crafter

Please summarize your internal design capabilities/structures/resources:

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Please describe your systems for tracking and reporting sales of licensed products:

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## LICENSING APPLICATION

### PRODUCT MARKETING AND DISTRIBUTION PLAN

Please submit a product marketing and distribution plan in accordance with the outline below.  
Please include your company name and address at the top of each page of the plan.

#### I. Product Information

- a. Products: Provide a complete list of products you are requesting to produce under license. **For each product, include:**
  - i. **manufacturer or source of products**
  - ii. **method of logo imprint/enhancement**
  - iii. **channel of distribution**
  - iv. **minimum quantity or order stipulations**
- b. Labeling: OSU requires that all licensed merchandise bear your company name and an authentication label endorsed by the Collegiate Licensed Properties Association (CLPA). Please provide a sample of your company name label and describe your capabilities for applying the CLPA label to your products.

#### II. Sales Information

- a. Licensing History: Identify current licenses held by your company. Please specify the Licensor contact information, length of the license, the licensed products and product category sales history for each.
- b. Sales Projections: Provide your projected sales volume by **product category** for the next three (3) years.
- c. Territory: Please specify the proposed geographic territory for distribution, i.e. Columbus only, Ohio only, U.S. or international territories.
- d. Retail Distribution: Provide a complete list of current retail accounts or other channels of distribution. Include the buyer contact name, address, phone, email and vendor account number for each.
- e. Target Market: Identify the target demographics and retail accounts or other channels of distribution that you plan to target for OSU licensed merchandise.
- f. Sales Force: Provide detailed information regarding your current sales representatives and distributors and the geographic region they cover.

#### III. Advertising and Promotions

- a. Trade Shows: List all trade shows that you attend or at which you exhibit.
- b. Advertising: Provide your advertising budget and target advertising media for OSU collegiate sales.
- c. Promotions: Describe any additional methods that will be used to promote OSU merchandise.
- d. Existing Materials: Provide a copy of your current catalogs and other printed advertising materials.



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### FAIR LABOR ASSOCIATION MEMBERSHIP

As part of our on-going efforts to ensure that all Ohio State licensed products are made in socially compliant factories and that all workers are treated fairly, we are members of both the Fair Labor Association (FLA) and the Worker Rights Consortium (WRC). Our minimum, and non-negotiable requirement, is that all Ohio State licensees seek and receive membership in the FLA.

**If you are currently a member of the FLA:** A copy of your membership certificate should be included with your application.

**If you are not currently a member of the FLA:** Please know that if a licensing agreement is offered, an FLA membership will need to be obtained before the agreement can be executed.

We hope you share our commitment to providing a safe, fair and healthy working environment for all those involved in the production of Ohio State products.

For more information on university initiatives related to corporate social responsibility, please visit:

Fair Labor Association: [www.fairlabor.org](http://www.fairlabor.org)

Work Rights Consortium: [www.workersrights.org](http://www.workersrights.org)



## LICENSING APPLICATION

I have read and understand this application and hereby state that to the best of my knowledge all information provided is accurate and complete. I also grant The Ohio State University permission to verify as well as exchange information on the company filing this application, including requesting reports from credit reporting agencies. I am aware that this information may be used to evaluate this application. Upon request, The Ohio State University will provide the name and address of any agency that has provided a credit report on the company filing this application.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### RETURN COMPLETED APPLICATION TO:

Office of Trademark & Licensing Services  
The Ohio State University  
1100 Kinnear Road, Suite 210  
Columbus, OH 43212



## PRODUCT SAMPLE SUBMISSION FORM FOR LICENSING APPLICATION

### REQUIREMENTS:

- SAMPLE SHOULD **NOT USE OHIO STATE TRADEMARKS** (i.e., sample should show other licensed marks)
- SAMPLE WILL NOT BE RETURNED
- PLEASE SUPPLY A SAMPLE FOR EACH PRODUCT YOU WOULD LIKE TO HAVE PART OF THIS APPLICATION (i.e., keychain, lanyard, mugs, clocks – including all sizes and options available)

APPLICANT COMPANY NAME:

PRODUCT SAMPLE INFORMATION				
Product Description	Min Order Amt	Whls Price Point	Sugg Retail Price	First Ship Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### TARGET MARKET

Target Consumer: \_\_\_\_\_

Target Channels of Distribution:

<input type="checkbox"/>	Bookstores	<input type="checkbox"/>	Catalog Sales	<input type="checkbox"/>	Department Stores
<input type="checkbox"/>	Mass Market	<input type="checkbox"/>	Specialty Gift Stores	<input type="checkbox"/>	Supermarket/Grocery Stores/Convenience
<input type="checkbox"/>	Sporting Goods	<input type="checkbox"/>	Web store	<input type="checkbox"/>	Wholesale Clubs
<input type="checkbox"/>	Craft Shows	<input type="checkbox"/>	Other (please describe): _____		