



Licensing Application

This application is a proposal only and does not authorize the applicant to manufacture or distribute any products or services that feature Miami-Dade County Public Schools M-DCPS marks. Those rights are only granted after the completion of the formal Trademark Licensing Agreement.

M-DCPS manages a selective trademark licensing program and licensing applications are reviewed by our staff monthly. The better information you provide regarding your business and this application, and how M-DCPS will benefit by licensing your business, the more informed we are when making our decisions.

Company Name _____

D/B/A Names _____

Address _____

City, State, Zip _____

Phone _____

FAX _____

Web site _____

E-mail _____

Type of organization: Corporation Partnership Sole Proprietorship LLC Number of employees: _____

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

If incorporated the year and state incorporated in _____

Year in which the business began _____

Tax ID number _____

Location of other office(s), manufacturing and/or distribution facilities and retail outlets (include offshore facilities, if any):

Company's Gross Revenues, provided for each of the past three (3) years:

Company's Anticipated Annual Gross Revenues from all sales of the products with M-DCPS trademarks:

Is your business registered or identified as a Minority or Women owned, SBE, MBE, MWBE with the Office of Economic Opportunity (OEO) or as an Emerging Small Business? No Yes *If yes, what category is it registered in and in what state:*

LICENSING APPLICATION

Products you are seeking to license _____

Generic samples of these products may be required.

Are you the original manufacturer of the products you seek to license? No Yes

If your firm is not the manufacturer, please identify the manufacturer and where the products are produced:

*Should a Trademark Licensing Agreement be granted additional
manufacturing disclosure information may be required.*

Method for utilizing M-DCPS marks:

Screenprinting Embroidery Other (please explain) _____

Insurance carrier and contact information:

Have any claims been filed against this company or related entities for trademark, copyright, patent or other intellectual property infringement? No Yes *If yes, please attach a separate sheet providing all details, including disposition.*

LICENSING APPLICATION

Have any product liability claims been filed against this company or related entities? No Yes *If yes, please attach a separate sheet providing all details, including disposition.*

Please identify current retail relationships for other products (licensed or otherwise) that you distribute:

Retailer Contact Phone Number

LICENSING APPLICATION

Please list your company contact information for these areas;

Company President

Name _____

Address _____

Phone _____

FAX _____

E-mail _____

Licensing Agreement Contact

Name _____

Address _____

Phone _____

FAX _____

E-mail _____

Royalty Administrator

Name _____

Address _____

Phone _____

FAX _____

E-mail _____

Artwork Approval Coordinator

Name _____

Address _____

Phone _____

FAX _____

E-mail _____

I have read and understand this application and certify that the information contained is accurate to the best of my knowledge. I grant to Miami-Dade County Public Schools the right to verify and exchange for the purposes of verification any and all information contained in this application. I understand this application and any information gathered could be used in evaluating this application and that Miami-Dade County Public Schools is under no obligation to grant a Trademark Licensing Application to applicant.

I understand M-DCPS considers the submission of design concepts and finished production samples, along with great sales, as key indicators of a successful licensing agreement and agree, should a licensing agreement be executed, the artwork approval process will be adhered to.

Signed _____ Date _____