

GRAND CANYON UNIVERSITY

LICENSING APPLICATION

Please complete form, sign and return to: licensing@gcu.edu, or you can mail to Grand Canyon University, Licensing Administrator, 3300 W. Camelback Rd., Phoenix, AZ 85017.

Any person, organization or manufacturer wishing to use any of the University's marks for commercial or promotional purposes must obtain a license from the University by completing the GCU Licensing Application. Either a standard or restricted non-exclusive license will be granted to those who meet all requirements and whose products and services are deemed appropriate.

A standard license will be issued to licensees who will sell product to GCU campus stores, GCU Pro Shop, external retail outlets or non-recognized student clubs and organizations. A restricted license will be issued to licensees who only sell product to internal departments and recognized clubs and organizations of GCU for internal University use only. If your company sells to GCU for both standard and restricted purposed then you will be issued two contracts but only required to pay one administrative fee per year.

Royalty and Fees

A royalty of 10% of net sales will be paid by all standard licensees along with an annual administrative fee of \$250 for emblematic apparel or \$150 for emblematic gift and supplies. If licensee provides both apparel and gifts then the fee is \$250.

Restricted licensees are exempt from paying royalties on net sales but will be required to pay the annual administrative fee.

All information supplied in this application will be kept confidential and used only in contract management and enforcement.

Grand Canyon University believes that each employee involved in the production of our licensed product deserves a living wage and safe working conditions. We require all of our licensees to provide a company code of conduct and/or social responsibility statement and to disclose factory locations for themselves and any sources. Please attach documentation to this application.

Are you applying for:

☐ Standard License ☐ Restricted License ☐ Both

COMPANY INFORMATION

Company Name: _____ Date: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Website: _____

Other names under which you do business (if this is a subsidiary please list address of parent company):

Is your company a:

- ☐ Corporation
- ☐ Partnership
- ☐ Proprietor
- ☐ Other _____

State in Incorporation: _____ Years in Business: _____

Do you have annual consolidated revenues of:

- ☐ \$50 million or more
- ☐ \$25-\$49 million
- ☐ \$10-\$24 million
- ☐ \$1-\$9 million
- ☐ Less than \$1 million

President/Owner:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Local Sales Representative:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Licensing Contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Art Department Contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Primary Royalty/Financial contact:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Have you ever been denied a trademark license or had a license cancelled?

- ☐ Yes (please explain): _____

- ☐ No

PRODUCT INFORMATION

List all products you are requesting to have licensed (attach additional sheets if necessary):

Is your company the sole manufacturer of finished product, including application of logo?

- ☐ Yes
- ☐ No

Does your company purchase blanks and apply logos?

- ☐ Yes
- ☐ No

If YES, list source of all blank goods (attach additional sheets if necessary):

Do you manufacture the blanks and then have the logos applied elsewhere?

- ☐ Yes
- ☐ No

If YES, list company names and if logos are screen printed, embroidered or appliqued (attach additional sheets if necessary):

Do you use Officially Licensed holographic labels or hangtags on products?

- ☐ Yes
- ☐ No

If YES, please provide samples.

INSURANCE INFORMATION

Current level of product liability insurance (must be at least \$1 million each)

Bodily Injury _____ Each occurrence _____ Aggregate _____

Property Damage _____ Each occurrence _____ Aggregate _____

Insurance Agent:

Agency: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Insurance Company:

Name: _____

Name: _____

Have you or any of your products been involved in a product liability claim?

- ☐ Yes (please explain): _____

- ☐ No

I have read and understand this application and agree that the information provided is, to the best of my knowledge, accurate and complete. I grant Grand Canyon University permission to verify and exchange information on the company filing this application, including requesting reports from credit reporting agencies, and may use this information to help evaluate the application. Upon request, Grand Canyon University will provide the name and address of any agency that has provided a credit report on the company filling this application. I understand that Grand Canyon University reserves the right to retain product samples permanently and to dispose of any samples at the university's discretion.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

PLEASE REMEMBER THAT YOUR COMPANY IS NOT AUTHORIZED TO PRODUCE ANY PRODUCT BEARING THE MARKS OF GRAND CANYON UNIVERSITY UNTIL A SIGNED AND FULLY EXECUTED VERSION OF THE LICENSE AGREEMENT HAS BEEN FORWARDED TO YOUR COMPANY.