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 purposes, then you will be issued two contracts.

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 as well as 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 our licensees to provide proof of FLA membership, a company code of conduct 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:		
Other names under which you do b	ousiness (if this is a subsidia	ary please list address of parent company):

Is your	company a:	
0	Corporation	
0	Partnership	
	Proprietor	
0	Other	
State in	n Incorporation:	Years in Business:
Do vou	have annual consolidated revenues of:	
•	\$50 million or more	
_	\$25-\$49 million	
	\$10-\$24 million	
0	\$1-\$9 million	
0	Less than \$1 million	
Preside	ent/Owner:	
	Name:	
	Address:	
	Phone:	Email:
Local S	ales Representative:	
	Name:	
	Address:	
	City/State/Zip:	
	Phone:	Email:
Licensi	ng Contact: Name:	
	Address:	
	City/State/Zip:	
	Phone:	Email:
Art De	partment Contact: Name:	
	Address:	
	City/State/Zip:	
		Email:
Primar	y Royalty/Financial contact: Name:	
	City/State/Zip:	
		Email:

-	er been denied a trademark license or had a license cancelled? blease explain):
o No	
PRODUCT IN	IFORMATION
List all produc	cts you are requesting to have licensed (attach additional sheets if necessary):
o Yes No	any the sole manufacturer of finished product, including application of logo?
Does your con	mpany purchase blanks and apply logos?
	rce of all blank goods (attach additional sheets if necessary):
Do you manu Yes No	facture the blanks and then have the logos applied elsewhere?
If YES, list connecessary):	npany names and if logos are screen printed, embroidered or appliqued (attach additional sheets if
Do you use O O Yes	fficially Licensed holographic labels or hangtags on products?
o No	
If YES, please	provide samples.

If NO, please note that the Grand Canyon University licensing department <u>does require</u> CLP labels on all product. Labels can be obtained by registering at <u>college@octane5.com</u>

INSURANCE INFORMATION

Current level of product liability insurance (must be at least \$1 million each) – Current certificate of Insurance required to be on file with the GCU licensing office. Grand Canyon University must be listed as rider.

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 I	products been involved in a product li	ability claim?	
Yes (please expla	in):		
o No			
accurate and complete. I filing this application, inc evaluate the application. has provided a credit rep	nd this application and agree that the grant Grand Canyon University permi luding requesting reports from credit Upon request, Grand Canyon Univers ort on the company filling this applica ct samples permanently and to dispose	ssion to verify and exchange information reporting agencies, and may use ity will provide the name and addition. I understand that Grand Car	rmation on the company this information to help dress of any agency that nyon University reserves
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.