



**INDIANA UNIVERSITY**  
OFFICE OF LICENSING AND TRADEMARKS

Dear Licensing Applicant:

Thank you for your interest in the Indiana University licensing program.

To apply to become a licensee of Indiana University:

1. Complete the application that follows
2. Mail the following to the Indiana University Office of Licensing and Trademarks:
  - Completed application
  - Samples of all products you wish to produce
    - Please note that as you are not currently licensed to use Indiana University trademarks, samples should be blank or bear another entities trademarks which you are already licensed to produce.
  - A letter from your financial institution, on their company letterhead, stating you are their client and your account is currently in good standing. Account numbers and balances can be omitted.
  - A non-refundable \$100 application fee, made payable to Indiana University Licensing and Trademarks

Licensee requirements:

- Insurance
  - All licenses are required to carry a minimum of \$1,000,000 in comprehensive liability insurance. Certain products, determined by the Office of Licensing and Trademarks, require \$3,000,000 in comprehensive liability insurance. All policies must list the Trustees of Indiana University as additional insured on the certificate.
- Code of Conduct
  - Indiana University is a member of the Workers Rights Consortium. As such, we require all licensees to adhere to our Code of Conduct as well as disclose all manufacturers, contractors and sub-contractors. This information along with the IU Code of Conduct will be posted on our website for public viewing.

Review Process:

- A committee reviews all applications on the first and third Tuesday of each month.
- If your application clears the review committee, all business references listed on your application will be contacted.
- If your application is approved, we will send you a licensing agreement. At which time you will be asked to sign the agreement, submit a certificate of liability insurance for the appropriate amount, and the non-refundable Guaranteed Advance Minimum Royalty.
- Once we receive a signed copy of your licensing agreement you will receive an executed copy along with a welcome package that includes a CD of all art and Licensing and Trademark guidelines.

- Please be advised that you would not be authorized to use the IU marks until the license agreement is signed by both parties, liability insurance is in place, the non-refundable advance royalty has been paid, and the graphics are approved.

Fees associated with licensing:

- **Application Processing:** \$100, \$25 for Crafter license
- **Annual Administrative fee:** \$250 for promotional vendors only
- **Guaranteed Annual Minimum Advance Royalty:** \$250-\$1200 (*amount dependent upon the products produced and is determined by our office*)
  - Exception for crafters: **Guaranteed Annual Minimum Advance Royalty:** \$40
    - A crafter is defined as an unincorporated, one-person operation, producing handcrafted items as a hobby. The determination of crafter status is made by Indiana University.
- **Minimum Royalty Rate:** 12% of net wholesale
- **Minimum Royalty Per Unit:** \$0.45 on t-shirts and \$0.90 on sweatshirts and fleece

We look forward to working with you during the application process. If you have any questions, please feel free to contact us.

Best regards,

The Office of Licensing and Trademarks  
Indiana University  
400 East 7<sup>th</sup> Street  
Poplars Building, Room 410  
Bloomington, IN 47405  
Office: (812) 855-8830  
Fax: (812) 855-5565  
Email: [iulogo@indiana.edu](mailto:iulogo@indiana.edu)

**INDIANA UNIVERSITY**  
**Application for License Agreement**

Please provide all information requested. Attach additional sheets if necessary.

**GENERAL INFORMATION**

1. Legal Company Name:
2. Address:
3. City:
4. State:
5. Zip Code:
6. Country:
7. Phone Number:
8. Toll Free Number:
9. Fax Number:
10. Location of other offices:
11. Other names under which you do business: DBA's: _____ Brand Names/Labels: _____
12. Does your company have an Internet site? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list address)
13. Year company began operations:
14. Your company's tax ID #:
15. Is your organization privately or publicly held? <input type="checkbox"/> Private <input type="checkbox"/> Public (please list stock exchange and trading symbol)
16. Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> State: _____ <input type="checkbox"/> Year Incorporated: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Year formed: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Year Initiated: _____ <input type="checkbox"/> Other (please explain): _____

17. Do you retain one or more of the certifications listed below?

- None
- Women-owned Small Business (WBE)
- Minority-owned Small Business (MBE)
- Disadvantaged Business Enterprise (DBE)
- HubZone Small Business
- 8(a) Small Business
- Veteran-owned Small Business (VOSB)
- Service Disable Veteran-owned Small Business (SDVOSB)

### SIZE, SALES, AND FORECASTS

18. How many employees does your company have?

19. What was the dollar volume of your wholesale sales for your last fiscal year?

20. What was the dollar volume of your wholesale sales of licensed goods for your last fiscal year?

21. List all IU product(s) you wish to produce and their respective wholesale prices. Please be specific, and list weights for apparel.

22. Please provide your forecasted sales for IU licensed goods for the next 2 years. Show both quantities and dollar volume.

### MANUFACTURING

23. For blank products, are you the

- Manufacturer
- Distributor
- Other (please explain)

24. If you are not the manufacturer, who manufactures the blanks? Please list all manufacturers. Attach additional sheets if necessary.

Name:

Address:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax #:

Contact person and title:

25. If you manufacture your apparel blanks, do you also sell the blanks undecorated?

No

Yes (please list label or brand name)

26. Do you design the graphics?

No

Yes

27. If you do not design the graphics, do you apply the graphics to the products yourself?

No

Yes

28. Please list all companies that apply graphics to the product(s), OR, if you apply the graphics yourself, please list your plant(s). Attach additional sheets if necessary.

Name:

Address:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax#:

Contact person and title:

29. Method of applying marks to the product(s):

Screenprinting

Embroidery

Other (please explain)

30. Where are your products manufactured?

United States

Other (please specify)

31. When do you plan to begin production of products bearing our marks?

32. When do you expect to submit final samples to our office?

### HISTORY

33. Have you produced any items bearing IU marks prior to this application?

No

Yes (please explain on separate sheet)

34. Are you licensed with other universities or entities?

No

Yes (please list specific universities)

35. Have you been terminated for cause by a licensor in the past 5 years?

No

Yes (please explain on separate sheet)

36. Have any products you produced ever been involved in a product liability claim?

No

Yes (please explain on separate sheet)

### DISTRIBUTION AND ADVERTISING

37. What is your proposed method of distribution? (i.e.: mass market, gifts, specialty, campus bookstores, direct mail, department stores, supermarkets, stationery, wholesale clubs, or other special market)

38. List companies to which you market:

39. How will you market IU goods? (i.e. television, radio, print to consumers, trade print, direct mail)

40. To what geographic area do you market?

41. What is the advertising expenditure planned for IU goods?

## REFERENCES

42. List 3 customer references (companies, stores, etc.) to which you sell.

1. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_



**CONTACTS**

43. Please list your company contacts for the following areas:

**Company President**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Licensing Agreement Contact**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Sales and Royalty Reporting**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Artwork Approval**

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**DECLARATION**

I have read and understand the above application and hereby state that to the best of my knowledge all information provided is accurate. I also grant Indiana 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 to you in writing, I will be told the name and address of any agency that has provided a credit report on the company filing this application. I understand and agree that application does not constitute permission to begin production and/or offer products for sale. I understand and agree that unauthorized use of the Indiana University marks is a violation of both state and federal law, subject to criminal and civil remedies, and that such use will result in immediate and irreparable harm to Indiana University.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

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**IMPORTANT - PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

1. A copy of your last year's financial audit, review, or compilation. Include the auditor's statements, notes, etc. If your company is too new to have financial documents, please include a statement to that effect, as well as a copy of your business plan. If you are a privately held company, include bank and/or credit references.

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_

2. Representative samples of all products you wish to be licensed initially. If requesting a license for apparel, please attach a sample of the neck label which will be in the garment(s). Please ensure that the sample is an accurate representation of the products you wish to produce for IU, specifically, that it is of the same stock and the design is applied in the same manner. For example, if you wish to be licensed to produce and sell embroidered sweatshirts, send a sample from your stock that is embroidered on the same blank that you wish to use for IU.

3. Checklist:        \_\_\_\_\_ Completed, signed application form  
                          \_\_\_\_\_ Bank letter  
                          \_\_\_\_\_ samples  
                          \_\_\_\_\_ attachments, if any  
                          \_\_\_\_\_ \$100 application processing fee. Checks payable to **Indiana University Licensing and**

**Trademarks.**

**Return application and supporting materials to:**

**Indiana University**  
**Office of Licensing and Trademarks**  
**400 East 7<sup>th</sup> Street**  
**Poplars Building, Room 410**  
**Bloomington, IN 47405**