



TRADEMARK INFORMATION FORM

For Office Use Only:
Meeting Date: _____

File No.: 10-_____

BASIC TRADEMARK INFORMATION

Who will own the trademark?		
Address of Owner	Street	
	City/State/Zip	
County		
Name of Contact Person		
Telephone		
Fax		
Email		
FEIN of Owner		
Name of Symbol to be Trademarked		
When was the name to be trademarked first used in commerce?		
Give a complete description of the goods or services to which the trademark applies.		
Required: JPG specimen in black and white showing the trademark if it is other than just words		
Required: JPG picture showing the trademark on the item that is used in commerce (Can be website or an item, but has to be picture of such)		