



Maine Department of Agriculture
 Division of Quality Assurance and Regulations
 28 State House Station
 Augusta, Maine 04333-0028
 Phone: 207-287-3841 Fax: 207-287-5576



TRADEMARK LICENSE APPLICATION

I have read the rules and regulations adopted by the Maine Department of Agriculture, Food and Rural Resources (MDAFRR) governing the use of the State of Maine Quality Trademark /Blue, White and Red Trademark design for identifying the Maine Agricultural or Natural Resource products. I agree:

- o to comply with the terms of this license,
- o to submit samples or design of tags, labels, bags, container or merchandise for approval by the Commissioner of Agriculture,
- o to cooperate with MDAFRR and any of its authorized agents in carrying out the requirements and regulations relative to the State of Maine trademark designs and
- o to pay all fees incidental thereto.

TYPE of Request:	Quality Trademark	Quality Trademark Provider	Blue, White & Red
Section 1. Establishment Information			
Applicant Name:		New Business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Email:	July 1 to June 30		
SS# or Fed ID:			
Contact Name:			
Maine Agents /Distributors:			
Name:	Address:		
Check business type:	<input type="checkbox"/> Grower	<input type="checkbox"/> Processor	<input type="checkbox"/> Broker
	<input type="checkbox"/> Packer	<input type="checkbox"/> Shipper	<input type="checkbox"/> Handler
Section 3: License Fees			
	\$25 year - State of Maine Quality Trademark License		
	\$25 year - State of Maine Quality Trademark Providers License		
	\$2 year - State of Maine Blue, White and Red Trademark License		Lot #: <input style="width: 100px;" type="text"/>

License fees must accompany application. Checks must be made payable to: **TREASURER, STATE OF MAINE**

Total of ALL License Fees:

Print Name: _____ Signature: _____ Date: _____

NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

OFFICE USE ONLY			
Date Received:		Comments:	
Date Reviewed:			
Reviewed By:			
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Returned		
Date Returned:			
Current License #			
Expiration Date:			
Method of Payment:			
Check #			
Cash Receipt #			
Credit Card #			
Credit Type:	<input type="checkbox"/> MC <input type="checkbox"/> VISA		
Expiration Date:			