



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
QUALITY ASSURANCE AND REGULATIONS

744 MAIN STREET SUITE 5
 PRESQUE ISLE, MAINE 04769
 Phone 207-764-2115 Fax 207-764-2035

JANET T. MILLS
 GOVERNOR

AMANDA E. BEAL
 COMMISSIONER

TRADEMARK LICENSE APPLICATION

I have read the rules and regulations adopted by the Maine Department of Agriculture, Conservation & Forestry 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:

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

Section 1. Establishment Information							
Applicant Name:				New Business?		Yes	No
Street Address:							
City:		State:		Zip:			
Telephone:		Fax:					
SS# or Fed ID:		Email Address:					
Contact Name:				License date: July 1, 2020 to June 30, 2021			
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 2: 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
	Total of all License Fees
	Lot #: <input type="text"/>

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

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:	Date Reviewed:	Reviewed. By:	Comments:
License #:	Exp. Date:		
Check #:	Amount:		