



Maine Department of Agriculture, Conservation & Forestry  
 Division of Quality Assurance and Regulations  
 PO Box 1614  
 Presque Isle, ME 04769  
 Phone: 207-764-2115 Fax: 207-764-2035



**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:

- 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, Conservation & Forestry
- o 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
- o to pay all fees incidental thereto

<b>TYPE of Request:</b>	<b>Quality Trademark</b>	<b>Quality Trademark Provider</b>	<b>Blue, White &amp; Red</b>
<b>Section 1. Establishment Information</b>			
Applicant Name:		New Business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Email:	License date: July 1, 2013 to June 30, 2014		
SS# or Fed ID:			
Contact Name:			
<b>Maine Agents /Distributors:</b>			
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
<b>Section 2: License Fees</b>			
<input type="checkbox"/>	\$25 year - State of Maine Quality Trademark License		
<input type="checkbox"/>	\$25 year - State of Maine Quality Trademark Providers License		
<input type="checkbox"/>	\$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:		
<input type="checkbox"/> Check #		
<input type="checkbox"/> Cash Receipt #		
<input type="checkbox"/> Credit Card #		
Credit Type:	<input type="checkbox"/> MC <input type="checkbox"/> VISA	
Expiration Date:		