WIDOWS SONS MASONIC RIDERS ASSOCIATION

TRADEMARK LICENSE HOLDERS



VENDOR APPLICATION FORM

|  |  |
| --- | --- |
| DATE | / / |

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| --- | --- | --- | --- | --- | --- | --- |
| DBA NAME | |  | | | | |
| LEGAL BUSINESS NAME | | | |  | | |
| EIN # |  | | | | ARE YOU A NON-PROFIT BUSINESS | YES NO |
| STATE OF OPERATION | | |  | | | |
| WHAT TYPE OF MERCHANDISE DO YOU SELL/MANUFACTURER | | | | | | |
|  | | | | | | |
|  | | | | | | |
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| --- | --- | --- |
| NAME OF APPLICANT |  | EMAIL: |
| TITLE/POSITION |  | PHONE: |

|  |  |
| --- | --- |
| ADDRESS |  |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CITY |  | STATE |  | POSTAL CODE |  |

MAIL TO:

WIDOWS SONS LOUISIANA TRADEMARK BOARD

427 NORTH THREAD STREET

SUITE 134

COVINGTON, LOUISIANA 70433

INCLUDE:

CHECK FOR $50.00 *MADE OUT TO* WIDOWS SONS LOUISIANA

*I certify that the information I have given on this form is true and correct to the best of my knowledge.*

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