

OFFICE OF THE SECRETARY OF STATE OF WISCONSIN
APPLICATION FOR REGISTRATION OF MARKS

per chapter 132, Wisconsin Statutes

Filing Fee is \$15.00, make checks payable to Secretary of State

Registration is effective for 10 years

1. State **Full Exact Name of Registrant** (Party Registering Mark)

2. If registrant is **not an individual person**, state the nature or structure of the registrant -for example, corporation, bank, limited liability company, association, club, partnership, etc.

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the **type of business and/or goods** for which this registration will be used:

4. State **registrant's residence, location, or place of business**. An actual physical site is required, not a post office box.

5. State **registrant's mailing address and telephone:**

_____ Phone: (____) _____

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

6. **Complete "A" or "B"**. A separate application and fee are required for each mark.

A. If the mark you wish to register consists of **words only**, print the word(s) here:

B. If the mark you wish to register consists of **words, symbols, pictures, or a combination with a distinctive appearance**, describe the mark clearly with a written description, (what does your mark look like?), **and** enclose **two samples of the mark**.

7. The **date** on which you first use the mark is extremely important. **Indicate month and year.**

Date of First Use: _____

8. This is an _____ **original** application or a _____ **renewal** application.

9. If an attorney or agent is completing this application, please provide the following:

Name (Please Print) _____

Business Address _____

Telephone (_____) _____

10. I, **Being Duly Sworn**, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; and that the registrant is a resident of the United States.

Registrant or Agent must sign below in the presence of a notary public.

Signature of Registrant Or Agent: _____

Print Name as Signed Above: _____

Title of Party who signed above: _____

State of _____

County of _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: _____

Notary Signature: _____

My Commission Expires on: _____

Notary must Affix Notarial Seal/Stamp

Office Location

30 W. Mifflin St., 10th floor, Madison, WI 53702

Mailing Address

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