

# COLLEGE OF WILLIAM AND MARY LICENSING APPLICATION

Please provide the following information regarding your company. All information will be kept confidential and used only to determine if a license should be granted. (For easier readability, please print or type.)

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TYPE OF COMPANY:  Corporation  Partnership  Private  Individual

YEARS IN BUSINESS: \_\_\_\_\_

PRODUCT(S) TO BE LICENSED:  
Manufacture  Finish Only  Imprint

OTHER LICENSEES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO WILL SIGN CONTRACT? NAME/TITLE \_\_\_\_\_

**RETURN TO:**

Diana Tennis-Office of Auxiliary Services  
College of William and Mary  
P. O. Box 8795  
Williamsburg, VA 23187-8795  
PHONE: 757-221-2500  
FAX: 757-221-2506  
**STREET ADDRESS: 228 JAMESTOWN ROAD  
WILLIAMSBURG, VA 23185**