

# DEPARTMENT OF FINANCIAL INSTITUTIONS

## APPLICATION FOR REGISTRATION OF MARKS

Per chapter 132, Wisconsin Statutes

**Filing Fee is \$15.00; make checks payable to Department of Financial Institutions**  
Registration is effective for 10 years.

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

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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.

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NOTE: If registrant is required to be licensed or registered with any governmental office, attach copies of the most recent registration document. 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 qualified 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:

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

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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:

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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:

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- 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**.

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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 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 of 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 document are attached; or that the registrant is a resident of the United States.

**Registrant of 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**

345 W. Washington Ave., 3<sup>rd</sup> Floor  
Madison, WI 53703

**Mailing Address**

Department of Financial Institutions  
Trademark Records  
PO Box 7847  
Madison, WI 53707-7847

**Telephone: (608) 266-8915**