## Pittsburg State University – Small Crafters Application

Name of business as it a	appears in Articles of	f Incorporation, By-	Laws, Partnership Agreements,
or other foundational d	ocuments:		
State of Incorporation (	If applicable):	Year business began:	
Contact Name:			
Address:			
City:		State:	Zip:
Phone: ()		_ Fax: ()	
Email Address:			
Other names under wh	ich you do business:		
Type of organization: [] Corporation		[] Partnership	[] Sole Proprietorship
[	] Other (please expla	ain):	
Please indicate all categ	gories appropriate:		
[] Manufacturer	[] Apparel	[] Paper Go	oods
[] Distributor	[] Hats	[] Jewelry/	Clocks
[] Screen Printer	[] Soft Goods	[] Food/Be	verages
[] Retailer	[] Toys	[] Other	
Annual sales emblemat	ic goods (Pittsburg S	tate University Mer	chandise)
Products you plan to pr	oduce that will bear	collegiate marks:	
**Product specification Have you produced any			I for approval** y marks prior to this application?
	_		,

List other licenses:		
University/College	Contact	Phone #
Please list all locations wh	ere your company plans to	o sell Pittsburg State University merchandise.
Please list three custom	·	, and the second
1.		
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3		
Have you ever been den	ied a license or had a li	cense canceled?
[] yes [] no (If yes, pl	ease explain):	
Please include with your	completed application	:
1. Product Samples	– physical samples or p	photographs of all items bearing Pittsburg Stat
University marks	must be included	
2. Copy of product	liability insurance certif	icate
University until the sign	ed executed License agr	ducts bearing the marks of Pittsburg State reement has been forwarded. Only completed nake sure you have answered each question
all information provided	l is accurate. I also grant	d hereby state that to the best of my knowled t Pittsburg State University permission to verif ividual submitting this proposal.
Signed		Date
Print Name		