

**APPLICATION
LIMITED TERM LICENSING AGREEMENT**



KANSAS STATE UNIVERSITY



NAME: _____ DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

CONSERVATIVE ESTIMATE OF YEARS TOTAL WHOLESALE*: \$_____

PRODUCTS YOU ARE PRODUCING: (please list all items and the wholesale value of those items)

ITEMS	VALUE*	ITEMS	VALUE*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST ANY OTHER SCHOOLS YOU ARE LICENSED WITH: _____

RETURN THIS FORM TO: Tami Breymeyer, Director of Licensing
K-State Athletics
1800 College Ave.
Manhattan, KS 66502
785-532-6269

ANY SAMPLES OR PICTURES OF YOUR PRODUCT ARE ENCOURAGED.

*Note: Each product has a cost, wholesale, and retail value. Wholesale is 50% of the retail value.