

INNOVATION PEI TRADE-MARK LICENSING

Of

“Island Blue and/or Malpeque”

Or Variations Thereof

And Bilingual Equivalent

APPLICATION

1. **Name of Applicant:** _____

Business Address/Location: _____

Mailing Address: _____

Contact Person(s): _____

Phone (Business) _____ (Home) _____ (Cell) _____

E-Mail: _____

2. **Business Registration:**

(Please check one)

- Individual
- Co-operative
- Sole Proprietorship
- Partnership
- Limited Company
- Incorporated Company
- Other

3. Type of Operation: Based upon the Provincial and/or Federal Permits/Licenses you hold? (please check all which may apply)

- Grower/Harvester
- Processor/Packer
- Retail
- Peddler
- Buyer
- Agent

4. Shellfish Grown/Harvested/Bought/Processed/Packed/Sold?

- Mussels
- Oysters

5. For which shellfish species are you applying for Trade-mark(s) used?

- Mussels
- Oysters

6. Have you used the "Island Blue" and/or "Malpeque" trade-marks in the past?

- Yes
- No

6b. When was the last time you used the "Island Blue" and/or "Malpeque" trade-marks? _____

7. Which trade-marks are you applying?

(Check all those that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> ISLAND BLUE | <input checked="" type="checkbox"/> PEI MUSSELS |
| <input checked="" type="checkbox"/> ISLAND BLUE MUSSELS | <input checked="" type="checkbox"/> BABY BLUE MUSSELS |
| <input checked="" type="checkbox"/> ISLAND BLUE ROPE CULTURED | <input checked="" type="checkbox"/> MALPEQUE |
| <input checked="" type="checkbox"/> MUSSELS | <input checked="" type="checkbox"/> MALPEQUE OYSTERS |
| <input checked="" type="checkbox"/> ISLAND BLUE BOTTOM | <input checked="" type="checkbox"/> PEI MALPEQUE OYSTERS |
| <input checked="" type="checkbox"/> CULTIVATED MUSSELS | <input checked="" type="checkbox"/> PRINCE EDWARD ISLAND OYSTERS |
| <input checked="" type="checkbox"/> PEI CULTURED MUSSELS | <input checked="" type="checkbox"/> PEI OYSTERS |
| <input checked="" type="checkbox"/> PRINCE EDWARD ISLAND MUSSELS | |

8. What is the intended use of the trademarks? (Please include samples of graphic images if appropriate) _____

DECLARATION of APPLICANT

- (a) **The information given in this application is, to the best of my knowledge and ability, complete, true and correct.**
- (b) **That in the use of the trade-mark applied for that the applicant agrees to and complies with the Terms and Conditions as specified in this application process.**

Name and Title of Authorized Official

Signature of Authorized Official

Signed at _____ this _____ day of _____, 201_.

Send completed application to:

c/o Lee Brammer
lwbramme@gov.pe.ca

**Innovation PEI
P.O. Box 910
94 Euston Street
Charlottetown
P.E.I.
C1A 7L9**