



3033 Wilson Blvd., Third Floor, Arlington, VA 22201 800-959-TAPS ★ 202-588-TAPS (8277) ★ www.taps.org

APPLICATION FOR LICENSING AGREEMENT

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Website:		
Type of Organization: [] Corporat	tion [] Partnership [] S	ole Proprietorship
State and year of incorporation (if		
Year business began:		
Tax ID number: Products to be licensed:		
If available, please include a samp	830 W No. 160	to license? [] yes [] no
If you are not the original manufa		***
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Do you have other licensing agreements? If so, please list:		
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eve read and understand this application and certify that the above information is accurate the best of my knowledge. I grant TAPS the right to verify and exchange for the purpose verification any and all information contained in this application. This application and any ormation gathered in evaluating this application will be used to determine whether a ense shall be granted. I understand that TAPS is under no obligation to approve this oblication or to grant a license to use their name and/or logos.		
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