



The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

Filing Fee \$50.00 per class
5 year registration period

FORM MUST BE TYPED

Trademark / Service Mark Application (General Laws Chapter 110H, Section 3)

FORM MUST BE TYPED

All information must be completed or this document will not be accepted for filing.

(1) Applicant's name and business address:

a) Individual: _____
Last First Middle

Business address: _____
Number Street

_____ *City State Zip*

or

b) Business Organization: _____

Business address: _____
Number Street

_____ *City State Zip*

(2) If applicant is a business, identify type (check box), and if applicable, state and date of organization:

corporation limited liability company limited partnership partnership sole proprietor

other _____
(indicate entity type)

a) State of incorporation or organization: _____ b) Date of incorporation or organization: _____

(3) If applicant is a partnership, state the names of the general partners:

(4) Applicant is seeking to register (check box):

Trademark Service Mark

(5) The mark is (complete one of the following):

a) **Words only** - If the mark is only words, the words in the mark are (include type style if it is claimed as part of the mark):

b) **Design Only** - If the mark is a design only, describe the design (include colors if they are claimed as part of the mark):

c) **Words and Design** - State the words in the mark (include color and type style if they are claimed as part of the mark) and describe the design:

(6) Describe briefly the goods or services used in connection with the mark:

(7) For each class provide the number and class in which such goods or services fall (see attached classification schedule):
(An application may include multiple classes)

(8) Describe briefly how the mark is used in connection with such goods or services:

a) The mark is used by displaying it (check box):

- on documents, wrappers, or articles delivered with the goods
- in advertisements of the services
- in connection with the services rendered
- other

b) If other, describe briefly how the mark is used:

(9) The trademark or service-mark has been used by the applicant, or the applicant's predecessor in business, since _____ and in the Commonwealth of Massachusetts since _____.
(month, day, year) (month, day, year)
(If first use of the mark anywhere was in Massachusetts, use the same date for both.)

(10) a) Has the applicant or predecessor in interest filed an application for the same mark or portions of the same mark with the U.S. Patent and Trademark Office? Yes No

b) If yes, for each application, provide (using additional pages if necessary):

Filing date _____ and serial number _____
(month, day, year)

c) What is the status of the application (check box)? awaiting examination refusal (office action) issued
 approved for publication registered
 abandoned/withdrawn

d) If finally refused, or not resulted in a registration, give reason: _____

(11) Attach a sample showing the mark as actively used. The sample specimen may not be larger than 3" x 3".

The applicant is the owner of the mark. The mark is in use, and, to the knowledge of the person verifying the application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of such other person, to cause confusion, or to cause mistake, or to deceive.

I, _____, state that I am the applicant or a lawfully authorized
(Name of Applicant / Authorized Representative)

representative of the applicant and declare under penalty of perjury that the foregoing application is true and correct.

Executed on: _____
(Month, Day, Year)

Signature: _____

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Trademark / Service Mark Application **(General Laws Chapter 110H, Section 3)**

Registered with

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

on:

_____, 20_____

Trademark Section
One Ashburton Place, Rm. 1717
Boston, MA 02108

Contact Information

Name

Mailing Address

City/town

State

ZIP

Telephone

Email