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| Form 902 (Revised 10/23)**Renewal Fee:** **$25 per class** | **State Seal****Application for Renewal of a Trade or Service Mark** | This space reserved for office use. |

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| **1. BUSINESS STRUCTURE OF APPLICANT (Check One):** |
| [ ]  Corporation | [ ]  General Partnership |
| (State of Incorporation):       | (State of Organization):       |
| [ ]  Limited Liability Company | [ ]  Sole Proprietor/Individual |
| (State of Organization):       | (State of Residency):       |
| [ ]  Limited Partnership | [ ]  Other (Please describe):       |
| (State of Organization):       | (State of Organization):       |
| Names of General Partners (If Applicant is a Partnership; attach additional sheet if necessary):  |
|  |       |       |       |     |       |  |
|  | First Name | Middle/Initial | Last Name | Suffix | Business Entity Name |  |
|  |       |       |       |     |       |  |
|  | First Name | Middle/Initial | Last Name | Suffix | Business Entity Name |  |
|  |       |       |       |     |       |  |
|  | First Name | Middle/Initial | Last Name | Suffix | Business Entity Name |  |
|  |  |  |  |  |  |  |
| **2. NAME OF APPLICANT** (Owner of mark – individual, corporation, or other entity applying for registration): |
|  |       |  |
|  |  |
|  |
| **3. BUSINESS ADDRESS OF APPLICANT:**  |
|  |       |  |
|  | **Street** |  |
|  |       |  |
|  | **Suite/Apartment Number (if applicable)** |  |
|  |       |       |       |       |  |
|  | **City** | **State** | **Zip** **Code** | **Country** |  |
| [ ]  Is International Address |
| Submitter Phone Number: | Applicant Email Address: | Registration No.: |
|       |       |       |

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| **4. DESCRIPTION OF MARK:** |
|       |
| **5. CLASSES:**  |
| ***#1:*** *Please mark specimen with class number.* |
| Class Number:    |
| Class Description (If a trademark, list specific goods. If a service mark, list specific services):       |
| **\*At least “1” specimen supporting each class of use must be submitted.** |
| ***#2:*** *Please mark specimen with class number.* |
| Class Number:    |
| Class Description (If a trademark, list specific goods. If a service mark, list specific services):      |
| **\*At least “1” specimen supporting each class of use must be submitted.** |
| **6. Declaration of Ownership** |
| Applicant declares that the applicant is the owner of the mark, that the mark is in use, and that to the knowledge of the person verifying the application, no other person has registered the mark, either federally or in this state, or is entitled to use the mark in this state, either in the identical form used by the applicant or in a form that is likely, when used on or in connection with the goods or services of the other person, to cause confusion or mistake, or to deceive, because of its resemblance to the mark. |
| My name is        . My date of birth is        and my address is: |
|  |       |       |       |       |       | . |
|  | **Street** | **City** | **State** | **Zip Code** | **Country** |  |
| [ ]  I have read the above Declaration of Ownership as well as the attached Application for Renewal of a Trade or Service Mark, and I declare under penalty of perjury that all the statements in the foregoing are true and correct. |  |
| Executed in  |        | County, State of  |      | , on the |       | day of  |       | , 20     . |  |
| By signing (or typing if electronic submission) your name below, you acknowledge that you are signing (or electronically signing) this document as the Owner (Applicant) or an Authorized Representative of the Owner (Applicant) of the Trademark and/or Service Mark. **Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |