



Arkansas Secretary of State John Thurston

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501-682-3409 • www.sos.arkansas.gov

TRADEMARK AND SERVICE MARK APPLICATION

Important: Please read instructions before completing form.

FOR OFFICE USE ONLY

File Number: _____ Expiration Date: _____

- Check One: New Trademark Trademark Renewal New Service Mark Service Mark Renewal
- Applicant's Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
- If applicant is a Business Entity (*Inc., LLC, PLLC, etc.*), list state of incorporation: _____
If applicant is a Partnership, list state of organization and names of General Partners: _____
- Trademark or Service Mark Classification number: _____ Classification Title: _____
- The mark is used to promote, or in connection with, the following goods or services: _____
- Describe how the mark is used in connection with the goods or services: _____
- Description of the mark being applied for: (*2nd sheet may be attached for longer descriptions*)
- The mark has been used in business by the Applicant (or predecessor) since: _____ (MONTH / DAY / YEAR)
and used in the state of Arkansas since: _____ (MONTH / DAY / YEAR)
Federal Trademark Registration and/or Serial Number, if applicable: _____ (REGISTRATION #) AND/OR (SERIAL #)
- This application must be accompanied by **3 original specimens** of the mark as it is actually used. Photocopies are **NOT** acceptable.

AFFIDAVIT

By signing below, Applicant is stating that said Applicant is the owner of the mark, that the mark is in use, and that no other person has registered either Federally or in this State, or has the right to use the mark in this State either in identical form thereof or in such a near resemblance thereto as might be calculated to deceive or to be mistaken thereof. If renewing the mark, Applicant states that the mark has been in use during the past five (5) years.

- I, the undersigned, being first duly sworn, state that **I am the Applicant**, or a lawfully authorized representative of the Applicant, that **I have read the application's instructions** and completed the above application and know its contents and that the facts stated therein are true. Furthermore, I understand that the statements made herein are under oath, and that knowingly making a false statement is a Class C felony pursuant to Ark. Code Ann § 5-53-102 :

Signature

Title

Printed Name

Contact Telephone Number

- State of Arkansas
County of _____

Subscribed and sworn before me, a Notary Public, on _____ {seal}

this _____ day of _____, _____

My commission expires: _____ Notary Public: _____