Please fill out this form on line, save it and either print and mail it to the address below or click the submit by email button

AGREEMENT FOR USE OF "HOMEGROWN BY HEROES ILLINOIS PRODUCT" CERTIFIED MARK

Last Name_____ First Name_____

Company or Trade Name (Doing Business As): _____

Business Address: _____
(Street and P.O. Box)

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone: _____ Email:_____

Website and/or FaceBook: _____ County:_____

Type of Business (Check One) ☐ Individual ☐ Partnership ☐ Corporation ☐ Cooperative

Current Military Status: ☐ Currently Serving ☐ Separated ☐ Retired

Military Branch: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine ☐ Navy

Type of Service: ☐ Active Duty ☐ National Guard/Reserves

Date of Separation (if still serving leave blank): _____

Please specify how you will use the certified mark (i.e. on packaging, point of sale material, signs, posters, letterhead, etc.). Please be specific.

_____

_____

_____

Eligibility

- Any veteran, active duty, National Guard, or Reserve member of the United States Armed Forces, having served honorably, without regard to age or era of duty
- Veterans provide a copy of their Department of Defense Form 214 (DD214) (or equivalent)
- Active duty members provide a letter of support from their commanding officer or designated representative attesting to their service under honorable conditions
- Businesses or operations that are certified by the label must maintain 50% or greater veteran ownership Products certified under the label must contain 50% or more veteran produced ingredients (non-water)

Annual Renewal

Certifications under Homegrown by Heroes are renewable annually pending a review of any changes to business ownership, product makeup and/or food safety requirements

Please list all products or commodities to which the logo will be applied. The logo can be used only to promote products produced, processed, or packaged in Illinois. Include product brand name if applicable.

Applicant hereby certifies that the "Homegrown By Heroes, Illinois Product" certification mark will be applied only in the fashion described above and that the products or commodities on which the logo will be used are produced, processed, or packaged in Illinois.

Applicant agrees not to deviate from the graphic standards of the logomark identified on the attached sheet. Special consent may be granted by the State of Illinois, Department of Agriculture for use of alternate colors upon request of applicant.

Applicant will indemnify and hold harmless the State of Illinois, Department of Agriculture and its staff to identify and promote its products in marketing and promotional activities that may be undertaken by the Illinois Department of Agriculture.

Applicant agrees to submit proof of military service (DD214 preferred) with this application to be verified by the Farmer Veteran Coalition or any other approved third party verifier.

The right to use the certification mark herein granted is personal to applicant and may not be assigned or transferred to any other individual or entity without prior written consent of the State of Illinois, Department of Agriculture. The terms of this Agreement commence upon receipt of approval and shall continue until terminated upon written notice from the State of Illinois, Department of Agriculture. Termination of the Agreement shall not affect any rights or remedies of the State of Illinois, Department of Agriculture for any breach of the agreement by applicant.

I certify that the products listed on the attached sheet have been produced, processed, or packaged in Illinois. I also certify that the "Homegrown By Heroes Illinois Product" certified mark will not be used in a way that will be detrimental or derogatory to any individual, products, business entity, or agency of government.

_____

Signature Title Date

Mail to: Illinois Department of Agriculture, Bureau of Marketing, Promotion and Grants, State Fairgrounds – P.O. Box19281, Springfield, IL 62794-9281

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois revised Statutes, Chapter 127, Paragraph 40.7. Disclosure of this information is VOLUNTARY, and there is no penalty for non-compliance. This form has been approved by the State Forms Management Center. IL406-1421 (4-90)

Office use only	Date Approved	IDOA /Approved by	Date Approved	3rd Party Verifier / Approved by

Last Name_____ First Name_____

Company or Trade Name (Doing Business As): _____

To complete Illinois' Homegrown by Heroes application, provide the following items with the application:

_____Veterans provide a copy of your Department of Defense Form 214 (DD214) (or equivalent)

_____Provide a list all products or commodities to which the logo will be applied. The logo can be used only to promote products produced, processed, or packaged in Illinois. Include product brand name if applicable. _____

_____

_____

_____

_____

DO NOT WRITE IN THIS SPACE

Approved: Illinois Department of Agriculture
Bureau of Marketing, Promotion and Grants
By: _____

Date_____

Approved: Farmer Veteran Coalition / third party verifier
By: _____

Date:_____

Mail to: Illinois Department of Agriculture,
Bureau of Marketing, Promotion and Grants
State Fairgrounds – P.O. Box19281
Springfield, IL 62794-9281

Submit by Email