

No changes, additions or corrections may be made to this statement once it has been filed with the county clerk

Fictitious Business Name Statement - New & Renewal

Yolo County Clerk/Recorder

625 Court Street, Room B-01, Woodland, CA 95695
PO Box 1130, Woodland, CA 95776-1130 (530) 666-8130

OFFICE Use ONLY

FEES:

\$55.00 First Business Name w/ 1 Owner
\$ 8.00 Each Add'l Owner or Business Name
\$ 5.00 Per Business Name Search
\$ 1.00 Return Postage
(OR Include a Self Addressed Stamp Envelope)

PAYMENT METHODS:

Checks, Money Order, (payable to Yolo County Clerk Recorder)
Credit Cards Accepted (Credit Card charge Form at yolorecorder.org)

NEW RENEWAL

FBN #: _____

FEE PAID: _____

OLD FBN # _____

Business is located in _____ County.

1 Fictitious Business Name(s) The registrant(s) is/are doing business as:

2 Street Address, City, State and Zip of Principal Place of Business in California.

Physical Business Address (required)

Optional Mailing Address (P.O. Box Acceptable)

3 List Full Name(s) of Registrant(s) / Owner(s) & Physical Residence Address, State, and Zip

(Corporation or LLC must use the address listed on the "Articles of Inc."). See number 3 on reverse side for detailed directions.

#1	Registrant Name	Physical Resident Address (NO PO BOX or PMB)	City	State	Zip

#2	Registrant Name	Physical Resident Address (NO PO BOX or PMB)	City	State	Zip

Attach an extra sheet of paper showing for all additional registrant information

4 Business Classification: Check one.

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation** | <input type="checkbox"/> Unincorporated Association other than a Partnership |
| <input type="checkbox"/> A Married Couple (two registrants) | <input type="checkbox"/> Trust | <input type="checkbox"/> Limited Liability Company** |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Co-Partners | <input type="checkbox"/> State or Local Registered Domestic Partners |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Joint Venture | |
| | <input type="checkbox"/> Limited Liability Partnership | |

****Corporations and L.L.C. MUST submit Articles of Corporation/L.L.C from the Secretary of State****

5 Starting Date of Business: _____ (NOT in the Future. If business has not commenced put N/A)

"I declare that all information in this statement is true and correct." (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

6 Signature of Registrant(s): _____

Print Names of Above Signed: _____

If applicable: Corporation/LLC Name: _____ Official Title: _____

NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

The filing of this statement does not of itself authorize the use in this state of a fictitious name in violation of the right of another under federal, state, or common law. (Business & Professions Code, Section 14411)

I hereby certify that this is a true copy of the original document on file in this office. This certification is true as long as there are no alterations to the document, AND as long as the document is sealed with a red seal.

State of California
County of Yolo
Jesse Salinas, County Clerk/Recorder

(seal)

Date: _____

by: _____

Deputy Clerk

Please Print / Type ALL information: BLUE or BLACK INK ONLY
SIGNATURES MUST BE ORIGINAL
(Faxes Not Accepted)

EFFECTIVE January 1, 2014 any Registrant/Agent appearing in person is required to present Driver's License or another form of government photo/I.D. acceptable by the Clerk's Office. B&P 17913(d)

ALL OF THE INFORMATION CONTAINED ON THIS PAGE IS NOT CONSIDERED PART OF THE ORIGINAL DOCUMENT AND WILL NOT BE PUBLISHED - (Business & Professions (B&P) Code, Sec. 17917) **Information will be kept confidential**

Driver Lic./ID Checked Name _____ Phone No. (_____) _____
 Registrant **OR** Agent

REQUIREMENTS FOR FILING THE STATEMENT - (B&P Code, Sec. 17900-17930)

Every person who regularly transacts business in this state for profit under a fictitious business name shall file a fictitious business name (FBN) statement not later than 40 days from the time the registrant commences to transact such business. The statement shall be filed in the county in which the principal place of business is located. If the principal place of business is outside this state, the statement shall be filed with the Clerk of Sacramento County. The registrant shall file a new statement on or before the date of expiration of each FBN statement.

INSTRUCTIONS FOR COMPLETING THE STATEMENT - Type or Print LEGIBLY - (B&P Code, Sec. 17910.5, 17913, 17914) **Black or Blue Ink Only**

We suggest you search our FBN index to see if this business names is currently being used. This may avoid conflict in the future.

The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state or common law (see B&P Code, Section 14411 et. seq.).

- 1** Insert the fictitious business name or names. Only those businesses operated at the same street address and under the same ownership may be listed on one statement. If more than two names are listed, attach a sheet of paper to list additional names.
- 2** Insert the street address and county of the principal place of business in this state. **Business street address required!** (P.O. Box acceptable **only** for a mailing address.) If the registrant has no place of business in this state, insert the street address and county of the principal place of business outside this state.
- 3** List each registrant(s) name and physical residence address separately (attach a sheet of paper to list additional names). **Individual:** List his or her full name and physical residence address. **Married Couple:** list each party to the marriage separately. **General Partnership, Copartners, Joint Venture, Limited Liability Partnership, Unincorporated Association other than a partnership, or Limited Partnership:** List full name and physical residence address of each general partner. **Limited Liability Company:** List the name and address of the limited liability company as set out in its articles of organization on file with the California Secretary of State. **Trust:** List full name and physical residence address of each trustee. **Corporation:** List the name and address of the corporation as set out in the articles of incorporation on file with the California Secretary of State. **State or Local Registered Domestic Partnership:** List full name and physical residence address of each domestic partner. (*P.O. Box, postal drop box, mailing suite, and c/o addresses are **Not Acceptable**.*)
- 4** Insert whichever best describes the nature of the business ownership. Registrant(s) must correspond with business type.
- 5** Insert the date on which the registrant(s) first commenced to transact business under the fictitious business name(s) listed. If the registrant(s) has not yet commenced to transact business under the fictitious name, write N/A.
- 6** **Signatures are required as follows:**

- >**Individual:** The individual must sign. **(All signatures must be original - copies or faxed documents will not be accepted)**
- >**A Married Couple:** At least one of the parties to the marriage must sign.
- >**Trust:** A trustee must sign.
- >**Partnership or other association of persons:** A general partner must sign.
- >**Limited Liability Company:** A manager or officer must sign.
- >**Corporation:** An officer of the corporation must sign and indicate his/her title. (Signature of an agent or an assistant officer is not acceptable.)
- >**State or Local Registered Domestic Partnership:** By one of the domestic partners.
- >An agent for the registrant is acceptable - this does not apply to exclusions are

Business & Professions Code, Sections 17917; 19724

Within 30 days of filing your fictitious business name statement it must be published in a newspaper once a week for four (4) successive weeks and an affidavit of publication filed with the county clerk when publication has been accomplished. The statement should be published in a newspaper of general circulation in the county where the principal place of business is located. The statement should be published in such county in a newspaper that circulates in the area where the business is to be conducted. If no such newspaper exists in that county, then in a newspaper of general circulation in Sacramento County.

No exceptions beyond 30 days. Missing this deadline requires the FBN statement to be re-filed with new filing fees.

When a refilling is required because the prior statement has expired, the refilling need not be published unless there has been a change in the information required in the expired statement, provided the refilling is filed within 40 days of the date the statement expires. An affidavit showing the publication of the statement shall be filed with the county clerk within 30 days of completion of the publication.

Business & Professions Code, Section 17923

The statement expires:

- Five years from the date it was filed, **OR;**
- 40 days after any change in facts, except a change in the residence address of a registrant, **OR;**
- When the registrant files a statement of abandonment for the fictitious business name.