

Below you will find:

- Important instructions and legal references
- A BLANK Fictitious Business Name (FBN) Statement Form
- Samples of completed FBN forms for:
 - ◆ An Individual
 - ◆ Corporation/LLC
 - ◆ Husband and Wife/Co-Partners/General Partnership
 - ◆ Trust

IMPORTANT - As a business owner, you are responsible for knowing and complying with ALL the laws, regulations, ordinances, etc. that apply to your business. Neither the County Clerk nor his deputies are permitted by law to give legal advice and/or assistance. A fictitious business name statement is a LEGAL DOCUMENT. Make sure you read ALL instructions thoroughly. A fictitious business name statement is a PUBLIC RECORD and is open for public review.

The registration fee is \$32 for one business name/one owner, plus \$7 for each additional business name and \$7 for each additional individual or partner registered. The law requires the County Clerk to collect these fees in advance.

A fictitious business name may not be used in violation of the rights of another person. Therefore, it is recommended that you review the County Clerk's index of fictitious business names registered in Ventura County and check with the California Secretary of State, Corporations Division (916-657-5448 or www.ss.ca.gov), to ensure that the name you choose is not already registered as a fictitious business name in Ventura County or as a corporation in California. In addition, you may also check telephone books and the city business license offices.

IMPORTANT - If a statement is filed with errors, it cannot be corrected without a new filing and fees.

If you are a corporation, Limited Liability Company, or Limited Liability Partnership, you need to provide a copy of your articles that have been filed with the Secretary of State.

Street addresses for business and residence are required by State Law. Do not use a mailing address such as a P.O. Box, postal suite, postal drop box, mailing suite, etc. For the business address, use the address of the physical location of the principal place of business. If you operate the business out of your home, use the home address. If no street address is assigned, give the exact location of the business plus the rural route, slip number, or other number assigned. For the residence address, use the street address---not a mailing address.

A space is provided for a mailing address. The mailing address is **optional** and may be a P.O. Box or other address. If a private mail box, enter the letters **PMB** after the street address and before the box number.

Publication instructions and a list of newspapers authorized to publish legal notices will be provided at the time of filing the FBN statement.

FBN statements **must** be filed within 40 days after beginning business and **must** be refiled every five (5) years. The FBN statement may expire earlier during the five-year period---if a change occurs in the information required on the FBN statement, except for the residence address, the FBN statement expires 40 days thereafter and must be refiled at that time. If the residence address is also used as the business address, then a change in the residence address does require refiled at the time of the change.

A partner who withdraws from the business **may** file a Statement of Withdrawal From Partnership. If the Withdrawal From Partnership is not filed, the FBN statement expires 40 days thereafter and the remaining partner(s) is required to file a new FBN statement. If filed, the Withdrawal must be published.

If the registrant(s) discontinues doing business using the fictitious business name, the registrant(s) **may** file a Statement of Abandonment. If filed, the Abandonment must be published.

Please submit the completed FBN statement to our office for filing. Submit cash (no cash by mail, please), a check (California bank, please), or money order payable to Ventura County Clerk and a self-addressed, stamped envelope (if mailed). If you have any questions about filing an FBN Statement, please contact our office at 654-3790. Our Office Hours are Monday through Friday 8:00 a.m. – 4:00 p.m. (Closed on most Holidays)

Thank you for allowing this office to assist you.

Any person who executes, files, or publishes any fictitious business name statement, knowing that such statement is false, in whole or in part, is guilty of a misdemeanor and upon conviction thereof shall be fined not to exceed one thousand dollars (\$1000). (B&P Code § 17930)

REQUIREMENTS FOR FILING THE FICTITIOUS BUSINESS NAME (FBN) STATEMENT (B&P Code §§ 17910, 17915)

Every person who regularly transacts business in this state for profit under a fictitious business name shall file a fictitious business name statement not later than 40 days from the time he commences to transact such business. The registrant shall file a new statement on or before the date of expiration of each FBN statement. 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.

REQUIREMENTS FOR PUBLISHING THE FICTITIOUS BUSINESS NAME (FBN) STATEMENT (B&P Code §§ 17917, 17920, 17924)

Within 30 days after the fictitious business name statement has been filed with the county clerk, the statement must be published in a newspaper of general circulation in the county where the principal place of business is located. The newspaper selected should be one that circulates in the area where the business is to be conducted. The statement must be published once a week for four successive weeks with at least five days between each date of publication. An affidavit of publication must be filed with the county clerk within 30 days after the completion of the publication. If a refiling is required because the prior statement has expired, the refiling need not be published unless there has been a change in the information required in the expired statement, provided the refiling is filed within 40 days of the date the statement expired. (B&P Code §§ 17917, 17920, 17924, Gov. Code § 6064)

TRADE NAME REGISTRATION (B&P Code §§ 14411, 14412, 14415, 14416)

The filing of articles of incorporation with the state or a fictitious business name statement in the county establishes a rebuttable presumption in that county that the registrant or corporation has the exclusive right to use that business name, as well as any confusingly similar name, if the registrant or corporation is the first to register such name and is actively engaged in a business utilizing the name. The rebuttable presumption shall be applicable until the statement is abandoned or otherwise expires and no new statement has been filed by the registrant.

INSTRUCTIONS FOR COMPLETING THE STATEMENT (B&P Code § 17913) Type or print legibly and firmly in black ink.

A. Insert the fictitious business name or names. Only those businesses operated at the same street address may be listed on one statement. If you want to file more than one business name, number each name and use the Clerk's Additional Information form to list additional names.

The filing of a fictitious name is subject to the following restrictions:

- The name cannot include Corporation, Corp., Incorporated, or Inc., unless the registrant is a corporation.
- The name cannot include the initials LLC, LC, or the words limited liability company (whether using the complete words or the abbreviations Ltd. or Co.), unless the registrant is a limited liability company registered with the State.
- The name cannot include limited partnership or LP, unless the registrant is a limited partnership registered with the State.
- The name cannot include registered limited liability partnership or RLLP, unless the registrant is a registered limited liability partnership registered with the State.
- The name cannot include limited liability partnership or LLP, unless the registrant is a limited liability partnership registered with the State. If the name includes any of the above words, the registrant **MUST** submit a copy of the articles of incorporation/organization/registration.
- The name cannot include college or university, unless the registrant is authorized pursuant to Education Code § 94050.

B. Insert the street address of the principal place of business in this state. (**Mailing addresses such as P.O. Box, private mailbox (PMB), postal drop box, mailing suite, or c/o addresses are not acceptable.**) If the registrant has no place of business in this state, insert the street address of the principal place of business outside this state; a statement must be filed with the Clerk of Sacramento County.

Insert the mailing address, if applicable. A private mailbox address (e.g., Mail Boxes Etc.) **MUST** include the letters PMB and box number following the street name (Some examples would be: 2345 Erringer Road, Suite #108, PMB #999 or 1234 Ventura Road, PMB #999).

C. List the full name of EACH registrant (owner/partner) and their current residence address. Use the Clerk's Additional Information form to list additional names of registrants:

Individual: Insert full name and current residence address* of the individual.

Partnership or other association of persons: Insert full name and current residence address* of EACH general partner.

Business Trust: Insert full name and current address of EACH trustee.

Corporation: Insert the name of the corporation as set out in the articles of incorporation and the state of incorporation.

Limited Liability Company: Insert the name of the LLC as set out in the articles of organization and the state of organization.

If the registrant is a trust, enter the full name and current residence address* of each trustee and the full name of the trust.

* (**Mailing addresses such as P.O. Box, PMB, postal drop box, mailing suite, and c/o addresses are not acceptable.**)

D. Indicate whichever best describes the nature of the business.

E. If the registrant(s) has/have already commenced to transact business under the fictitious business name, check the first box and enter the date the business transactions began. If the registrant(s) has/have not yet commenced to transact business under the fictitious business name, check the second box and do not enter a date. Our computer records for your FBN Statement, displaying the date the registrant commenced to transact business, will show "Not Applicable".

F. Individual: The individual must sign.

Partnership or other association of persons: A general partner must sign.

Business Trust: A trustee must sign.

Corporation: A corporate officer must sign and indicate his/her title. (Signature of an agent or an assistant officer is not acceptable.)

Limited Liability Company: An officer or manager must sign and indicate his/her title. (Signature of an agent is **not** acceptable.)

EXPIRATION OF FICTITIOUS BUSINESS NAME STATEMENT (B&P Code § 17920)

- a) Unless the statement expires earlier under (b) or (c) below, a fictitious business name statement expires five years from the date it was filed in the office of the county clerk. A RENEWAL STATEMENT MUST BE FILED BEFORE THE EXPIRATION DATE.
- b) A fictitious business name statement expires 40 days after any change in the facts set forth in the statement, except the following changes:
 - 1) A change in the registrant's residence address, if the residence address is different than the business address, or
 - 2) Filing a statement of withdrawal from partnership by a withdrawing partner whose residence address is not the business address.A NEW STATEMENT MUST BE FILED WITHIN 40 DAYS AFTER A CHANGE IN THE FACTS. PUBLICATION WILL BE REQUIRED.
- c) A fictitious business name statement expires when the registrant files a statement of abandonment of use of the fictitious business name.

PHILIP J. SCHMIT, Ventura County Clerk
 Hall of Administration, Lower Plaza
 800 South Victoria Avenue, Ventura, CA 93009-1210
 (805) 654-3790 or (805) 654-2263

County Clerk Use Only

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ENTIRELY THE RESPONSIBILITY OF THE REGISTRANT.
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 by law to give legal advice and/or assistance.**

FICTITIOUS BUSINESS NAME STATEMENT
 THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

Page 1 of _____

A	LIST FICTITIOUS BUSINESS NAME(S) BELOW: _____ (Use Page 2 for additional business names)
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B	Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable) _____ City _____ State _____ Zip Code _____
	Mailing Address (optional) _____ City _____ State _____ Zip Code _____

C	(1) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): _____ State of incorporation/organization/registration _____
	Residence Street Address (Mailing address is NOT acceptable) _____ City _____ State _____ Zip Code _____

C	(2) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): _____ State of incorporation/organization/registration _____
	Residence Street Address (Mailing address is NOT acceptable) _____ City _____ State _____ Zip Code _____

C	(3) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): _____ State of incorporation/organization/registration _____
	Residence Street Address (Mailing address is NOT acceptable) _____ City _____ State _____ Zip Code _____

D	This Business is _____ Conducted by: <input type="checkbox"/> an individual <input type="checkbox"/> a general partnership <input type="checkbox"/> a corporation <input type="checkbox"/> an unincorporated assoc. other than a partnership <input type="checkbox"/> husband and wife <input type="checkbox"/> a limited partnership <input type="checkbox"/> a joint venture <input type="checkbox"/> other – specify: _____ (Check only one) <input type="checkbox"/> co-partners <input type="checkbox"/> a limited liability company <input type="checkbox"/> a business trust _____
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E	(Check only one – enter date ONLY if first box is checked) <input type="checkbox"/> The registrant commenced to transact business under the fictitious business name or names listed above on _____. <input type="checkbox"/> The registrant has not yet begun to transact business under the fictitious business name or names listed herein. _____ (date)
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BY SIGNING BELOW, 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. (B&P Code § 17913)

F1	Sign below, if registrant is an individual, husband, wife, co-partner , etc. (See instructions on reverse for signature requirements.): Print Name of Registrant: _____ Signature: _____ Date: _____
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F2	Sign below, if registrant is registered with the State as a corporation, LLC, LLP, LP, etc. (See instructions on reverse for signature requirements.): Print Name of Registrant: _____ By: Signature: _____ Print Name of Person Signing: _____ Print Title of Person Signing: _____ Date: _____
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THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF **VENTURA COUNTY** ON THE DATE INDICATED BY THE FILE STAMP ABOVE.

<p>NOTICE – THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAMES STATEMENT MUST BE FILED BEFORE THAT TIME. 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 Section 14411 et seq., Bus. & Prof. Code).</p>	<p>I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. PHILIP J. SCHMIT, County Clerk By: _____, Deputy Date Certified: _____</p>
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RICHARD D. DEAN, Ventura County Clerk
Hall of Administration, Lower Plaza
800 South Victoria Avenue, Ventura, CA 93009-1210
(805) 654-3790 or (805) 654-2263

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FICTITIOUS BUSINESS NAME STATEMENT
THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

Page 1 of _____

A LIST FICTITIOUS BUSINESS NAME(S) BELOW: (Use Page 2 for additional business names)

B Street Address of Principal Place of Business (P.O. Box or PMB address NOT acceptable) City State Zip Code
Mailing Address (optional) City State Zip Code

C (1) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): State of incorporation/organization/registration

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code

(2) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): State of incorporation/organization/registration

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code

(3) Full Name of Registrant (If a corp., LLC, etc., enter complete name and state of incorporation/organization/registration): State of incorporation/organization/registration

Residence Street Address (Mailing address is NOT acceptable) City State Zip Code
(Use Page 2 for additional registrant names)

D This Business is an individual a general partnership a corporation an unincorporated assoc. other than a partnership
Conducted by: husband and wife a limited partnership a joint venture other – specify: _____
(Check only one) co-partners a limited liability company a business trust _____

E (Check only one – enter date **ONLY** if first box is checked)
 The registrant **commenced** to transact business under the fictitious business name or names listed above on _____.
 The registrant has **not yet begun** to transact business under the fictitious business name or names listed herein. (date)

BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT.
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F1 Sign below, if registrant is an **individual, husband, wife, co-partner**, etc. (See instructions on reverse for signature requirements.):
Print Name of Registrant: _____ **Signature:** _____ **Date:** _____

F2 Sign below, if registrant is **registered** with the **State** as a corporation, LLC, LLP, LP, etc. (See instructions on reverse for signature requirements.):
Print Name of Registrant: _____ **By: Signature:** _____
Print Name of Person Signing: _____ **Print Title of** Person Signing: _____ **Date:** _____

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I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.
RICHARD D. DEAN, County Clerk
By: _____, Deputy
File Number: _____

RICHARD D. DEAN, Ventura County Clerk
 Hall of Administration, Lower Plaza
 800 South Victoria Avenue, Ventura, CA 93009-1210
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Mailing Address (optional) _____ City _____ State _____ Zip Code _____

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 By: _____, Deputy
 File Number: _____

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 By: _____, Deputy
 File Number: _____