

COMMON MISTAKES

To avoid delay in filing or additional expense
when filing a Fictitious Business Name Statement.

To renew without publishing, you must submit a form with NO CHANGES from the previous filing. Any changes require publication.

Section 1

Mistake: Entering the owner(s) names

Requirement: The **business name(s)** are required

Section 2

Mistake: Entering a PO Box for street address

Requirement: The **street address** is required

Mistake: Entering an address with a PMB (Post Mailing Box) for street address

Requirement: The **street address** is required. PMBs are only acceptable as a **mailing** address.

Mistake: Leaving County of principal of business blank

Requirement: **County** name is required per B&P code 17913

Section 3

Mistake: Entering the name(s) of the officers if business is conducted by an LLC
(Limited Liability Company)

Requirement: The **LLC** name, address and State of Organization are required **Example A**

Mistake: Entering the name(s) of the officers if business is conducted by a Corporation

Requirement: The **Corporation** name, address and State of Incorporation are required **Example B**

Mistake: Entering the name of the trust if the business is conducted by a trust

Requirement: The **trustee(s) name(s) and address(es)** of the trust is/are required **Example C**

Section 5

Mistake: Entering a future date

Requirement: If you **have not commenced** mark the box that you have not begun

Mistake: Entering the current date when renewing

Requirement: If renewing, **the date must be the same as the original filing**

Continued on page 2



**FICTITIOUS BUSINESS NAME STATEMENT
NEVADA COUNTY CLERK-RECORDER**

FILING FEES:
 \$ 24.00 - FOR FIRST BUSINESS NAME
 \$ 5.00 - FOR EACH ADDITIONAL BUSINESS NAME
 (DOING BUSINESS AT THE SAME LOCATION)
 \$ 2.00 - FOR EACH ADDITIONAL
 (IN EXCESS OF THE ONE OWNER)

MAIL TO: NEVADA COUNTY RECORDER
 950 MAIDU AVE
 NEVADA CITY CA 95959

- ORIGINAL
- REFILE WITH CHANGES
- REFILE WITHOUT CHANGES
- PREVIOUS FILE # _____

PLEASE READ INSTRUCTIONS ON PAGE TWO BEFORE COMPLETING

*** THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:**

FICTITIOUS BUSINESS NAME(S) TO BE FILED	
1.) Business Name	3.)
2.)	4.)

**** STREET ADDRESS OR PRINCIPAL PLACE OF BUSINESS**

2.	STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PRINCIPAL PLACE OF BUSINESS
	Street Address				
	MAILING ADDRESS IF DIFFERENT				

***** REGISTRANT INFORMATION PHYSICAL ADDRESS IS REQUIRED POB MAY BE ADDED FOR MAILING**

3.	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE
	Example A : Name of LLC				
	REGISTRANTS ADDRESS	CITY	STATE	ZIP CODE	
	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE
	Example B: Name of Corporation				
	REGISTRANTS ADDRESS	CITY	STATE	ZIP CODE	
	FULL NAME OF REGISTRANT (PERSON, CORPORATION, OR LLC NAME)				CORP OR LLC SHOW REGISTRATION STATE
Example C: Name of trustee(s)					
	REGISTRANTS ADDRESS	CITY	STATE	ZIP CODE	

**IF MORE THAN 3 REGISTRANTS ATTACH ADDITIONAL SHEETS SHOWING OWNER INFORMATION.
 IF REGISTRANT IS A CORPORATION OR LLC, INCLUDE STATE OF INCORPORATION.**

****** BUSINESS CONDUCTED BY – Check only one box**

4.	<input type="checkbox"/> AN INDIVIDUAL	<input type="checkbox"/> GENERAL PARTNERSHIP
	<input type="checkbox"/> HUSBAND AND WIFE	<input type="checkbox"/> A LIMITED PARTNERSHIP
	<input type="checkbox"/> COPARTNERS	<input type="checkbox"/> A LIMITED LIABILITY COMPANY
	<input type="checkbox"/> A JOINT VENTURE	<input type="checkbox"/> A LIMITED LIABILITY PARTNERSHIP
	<input type="checkbox"/> A TRUST	<input type="checkbox"/> STATE OR LOCAL REGISTERED DOMESTIC PARTNERS
	<input type="checkbox"/> A CORPORATION	<input type="checkbox"/> AN UNINCORPORATED ASSN OTHER THAN PARTNERSHIP

******* BUSINESS COMMENCEMENT DATE**

5. THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME(S) LISTED ABOVE ON (INSERT DATE): _____

NOT APPLICABLE - REGISTRANT HAS NOT YET BEGUN TO TRANSACT BUSINESS UNDER THE FICTITIOUS NAME OR NAMES LISTED ABOVE.

6.	"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) SIGNATURE: _____	STATEMENT FILED WITH THE COUNTY CLERK OF NEVADA COUNTY ON _____
	NAME: (TYPE OR PRINTED) _____	STATEMENT EXPIRES ON _____

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE
GREGORY J. DIAZ BY: _____
 NEVADA COUNTY CLERK –RECORDER DEPUTY