



NEW or RENEWAL

Fictitious Business Name Statement

1. Complete the filing form. Detailed instructions are included on the reverse side of the form. The form requires a **street address**. Post Office boxes are **NOT ACCEPTABLE**.
2. Walk into or mail your statement to:
 - **Santa Barbara:** County Clerk, Recorder and Assessor, P. O. Box 159, Santa Barbara, Ca. 93102-0159, physical address: 1100 Anacapa Street, Hall of Records, County Courthouse. Phone: (805) 568-2250
 - **Santa Maria:** County Clerk, Recorder and Assessor, 511 E. Lakeside Parkway, Suite 115, Santa Maria, Ca. 93455. Phone: (805) 346-8370
 - **Lompoc:** County Clerk, Recorder and Assessor, 401 E. Cypress, Lompoc, Ca. 93436. Phone: (805) 737-7705
3. The **filing fee** for a Fictitious Business Name Statement (new or renewal) is **\$47.00** for one (1) business name and one (1) registrant/owner. Each additional name or registrant costs \$5.00. For return copies via 1st class mail, the fee is \$2.00. For return copies via USPS Express Delivery mail, the fee is \$23.50. If mailing in your statement and paying fees with a credit card, an additional \$1.50 credit card surcharge applies. You must complete the "Credit Card Authorization Form" and mail with your statement.
4. After filing, you will receive **three** filed copies of the statement: one is for the **newspaper**, one is for your **bank**, and one is for **your records**. You will also be given a list of adjudicated newspapers in our county and publishing instructions.

IMPORTANT: If you are filing as a Corporation or Limited Liability Company you **MUST** be registered with the California Secretary of State. Please bring a copy of the screenshot from the State's website. If we look it up for you, you will be charged an **additional \$5.00** and will receive a printout from the website. If your principal place of business is located in another county, please provide us with a certified copy of the Fictitious Business Name Statement filed in that county.

FILE # _____

TYPE OF FILING (Check one)

- Original
- New Filing
[Change(s) in facts from previous filing]
- Re-file
[No Change(s) in facts from previous filing]

Previous file # _____

OFFICE OF THE SANTA BARBARA COUNTY CLERK

P. O. BOX 159
Santa Barbara, CA 93102
(805) 568-2250

This space reserved for County Clerk

FICTITIOUS BUSINESS NAME STATEMENT

FILING FEE

- \$47.00** FOR FIRST BUSINESS NAME ON STATEMENT
- \$5.00** FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION
- \$5.00** FOR EACH ADDITIONAL REGISTRANT
- \$2.00** TO RETURN COPIES VIA 1ST CLASS MAIL
- \$23.50** TO RETURN COPIES USPS EXPRESS DELIVERY MAIL
- \$ 1.50** CREDIT CARD SURCHARGE IF PAYING WITH CREDIT CARD

The following person (persons) is (are) doing business as:

* _____
Print Fictitious Business Name(s)

** _____
Street address of principal place of business | Mailing address if different

City State Zip COUNTY City State Zip

*** REGISTERED OWNER(S): PHONE NUMBER (OPTIONAL) () - _____

1. _____
Full Name

Residence Address

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization

2. _____
Full Name

Residence Address

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization

3. _____
Full Name

Residence Address

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization

4. _____
Full Name

Residence Address

City State Zip

If Corporation or LLC – Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

- **** THIS BUSINESS IS CONDUCTED BY: (Check one)
- an Individual a General Partnership a Limited Partnership a Limited Liability Company
 - an Unincorporated Association other than a Partnership a Corporation a Trust Copartners
 - Husband and Wife Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

***** The registrant commenced to transact business under the fictitious business name or names listed above on _____
(Insert N/A above if you haven't started to transact business)

**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 OF REGISTRANT _____

Print name of person signing. If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of SANTA BARBARA COUNTY on the date indicated by the filed stamp in the upper right corner.
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 BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

JOSEPH E. HOLLAND, SANTA BARBARA COUNTY CLERK BY: _____, Deputy

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code Section 17913:

* Where one asterisk appears in the form:

- (a) Insert the fictitious business name or names
- (b) Only those businesses operated at the same address and under the same ownership may be listed on one statement

** Where two asterisks appear in the form:

- (a) If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal** place of business in this state
- (b) If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
- (c) Mail Box and Post Office Box Numbers **are not acceptable** as a business address when used alone without a street address

*** Where three asterisks appear in the form:

- (a) If the registrant is an **individual**, insert his or her full name and residence address
- (b) If the registrants are **husband and wife**, insert the full name and residence address of both the husband and the wife
- (c) If the registrant is a **general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and residence address of each general partner
- (d) If the registrant is a **limited partnership**, insert the full name and residence address of each general partner
- (e) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization. Print out the status of the LLC from the State website: www.sos.ca.gov.
- (f) If the registrant is a **trust**, insert the full name and residence address of each trustee
- (g) If the registrant is a **corporation**, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation. Print out the status of the corporation from www.sos.ca.gov.
- (h) If the registrants are **state or local registered domestic partners**, insert the full name and residence address of each domestic partner

**** Where four asterisks appear in the form:

- (a) Check whichever of the terms listed on the front of the form best describes the nature of the business

***** Where five asterisks appear in the form:

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
- (b) Insert N/A if you have not yet commenced to transact business under the fictitious business name or names listed

Business and Professions Code Section 17914

The statement shall be signed as follows:

- (a) If the registrant is an individual, by the individual
- (b) If the registrants are husband and wife, by the husband or wife
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business name statement **shall** be filed with the clerk of the county in which the registrant has his or her **principal place** of business in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions Code Section 17917

Publication for Original, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 30 days after a fictitious business name statement has been filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 30 days after the completion of the publication.
- (b) 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.

Business and Professions Code Section 17922

Abandonment of Fictitious Business Name

- (a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Jim McClure
Asst. County Clerk, Recorder and Assessor



105 E. Anapamu St. 2nd Floor
Santa Barbara, CA 93101

Mailing Address
PO Box 159
Santa Barbara, CA 93102-0159

County Clerk, Recorder and Assessor

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM

**Additional \$1.50 credit card surcharge will apply to service requests paid with a credit/debit card
VISA/MASTERCARD/DISCOVER/DEBIT ONLY
NO AMERICAN EXPRESS**

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____ **Phone #:** () _____

Cardholder (name as appears on credit card): _____

Credit Card Number (*American Express not accepted*): _____ **Exp Date:** ____ / ____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: () _____

Cardholder Signature: _____ **Date:** _____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

OFFICE USE ONLY	
Banknote #:	_____
Transaction #:	_____

Assessor: Santa Barbara (805) 568-2550, Fax (805) 568-3247, Santa Maria (805) 346-8310, Fax (805) 346-8324, Lompoc (805) 737-7899, Fax (805) 737-7708

Election: 1-800-SBC-VOTE, Santa Barbara (805) 568-2200, Fax (805) 568-2209, Santa Maria (805) 346-8374, Fax (805) 346-8342, Lompoc (805) 737-7705

Clerk-Recorder: Santa Barbara (805) 568-2250, Fax (805) 568-2266, Santa Maria (805) 346-8370, Lompoc (805) 737-7705