

<b>Instructions</b>  <b>When mailing this form please include:</b> <ul style="list-style-type: none"> <li>3 (three) completed copies of this form</li> <li>1 (one) legal size, self addressed, stamped envelope</li> <li>A cashiers check or money order made payable to the <b>SOLANO COUNTY CLERK</b></li> <li>If more than four registrants, attach additional sheets showing ownership information.</li> </ul>	<b>CHARLES LOMELI,</b> <b>Solano County</b> <b>Treasurer – Tax Collector – County Clerk</b>  <b>675 Texas Street</b> <b>Suite 1900</b> <b>Fairfield, CA 94533</b> <b>(707) 784-7510</b>	<b>This Space For Official Use Only</b>				
	<b>Filing Fees: All filing fees are to paid in cash or by cashiers check / money order</b>					
	\$40.00 – FOR FIRST BUSINESS NAME ON STATEMENT \$ 5.00 – FOR EACH ADDITIONAL BUSINESS NAME FILED ON EACH STATEMENT AND DOING BUSINESS AT THE SAME LOCATION \$ 5.00 – FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER					
<b>FICTITIOUS BUSINESS NAME STATEMENT</b>						
Please TYPE or PRINT LEGIBLY in black ink.						
*	FICTITIOUS BUSINESS NAME (S)					
**	Street Address of Business                      City                      State                      Zip                      Phone Number (If no street Address Assigned – Give Exact Location of Business Plus P.O. Box or Rural route)  Additional descriptive information regarding business address					
***	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           ① Full Name of Owner             Residence Street Address or State of Incorporation if Incorporated             City                      State                      Zip         </td> <td style="width: 50%; vertical-align: top;">           ② Full Name of Owner             Residence Street Address or State of Incorporation if Incorporated             City                      State                      Zip         </td> </tr> <tr> <td style="vertical-align: top;">           ③ Full Name of Owner             Residence Street Address or State of Incorporation if Incorporated             City                      State                      Zip         </td> <td style="vertical-align: top;">           ④ Full Name of Owner             Residence Street Address or State of Incorporation if Incorporated             City                      State                      Zip         </td> </tr> </table>		① Full Name of Owner  Residence Street Address or State of Incorporation if Incorporated  City                      State                      Zip	② Full Name of Owner  Residence Street Address or State of Incorporation if Incorporated  City                      State                      Zip	③ Full Name of Owner  Residence Street Address or State of Incorporation if Incorporated  City                      State                      Zip	④ Full Name of Owner  Residence Street Address or State of Incorporation if Incorporated  City                      State                      Zip
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*****	<input type="checkbox"/> The registrant commenced to transact business under the fictitious business name (s) listed above on _____ (date) <input type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name (s) listed herein					
	I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT: Signature of Registrant _____  Print Name & Title (If Corporate Officer) _____					
NOTICE – THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE (5) YEARS FROM THE DATE OF FILING. IF YOU INTEND TO CONTINUE BUSINESS UNDER THIS NAME, A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO _____ 20_____.						
THE FILING OF THIS STATEMENT DOES NOT 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 §14400 ET SEQ., BUSINESS AND PROFESSIONS CODE).						
<input type="checkbox"/> First filing <input type="checkbox"/> Renewal Filing		I hereby certify that this copy is a correct copy of the original statement on file in my office. <b>CHARLES LOMELI, COUNTY CLERK</b>  By _____, Deputy				
Assigned File Number _____						

## **Instructions for Completing Fictitious Business Name Application**

Per Sections §17910.5, §17913, and §17914 or the California Business & Professions Code  
Additional information on California codes is available at [HTTP://WWW.LEGINFO.CA.GOV](http://www.leginfo.ca.gov)

### **\* Where one asterisk appears in the form**

- (a) Insert fictitious business name or names.
- (b) Only those businesses operated at the same address by same owners 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 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 of his or her principal place outside this State and file with the Clerk of Sacramento County.
- (c) Mail Box and Post Office Box Numbers are not acceptable as business addresses, 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 registrant is a partnership or other association of persons, insert the full name and residence address of each general partner. (Attach additional sheets if necessary).
- (c) If the registrant is a business trust, insert the full name and residence address of each trustee. (Attach additional sheets if necessary).
- (d) **IF THE REGISTRANT IS A CORPORATION, INSERT THE NAME OF THE CORPORATION AS SET FORTH IN ITS ARTICLES OF INCORPORATION AND INDICATE THE STATE OF INCORPORATION. (ADDRESS NOT REQUIRED).**
- (e) **Mail Box and Post Office Box Numbers are not acceptable as addresses when used alone without a street address.**

### **\*\*\*\* Where four asterisks appear in the form**

- (a) Indicate which of the terms 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) If the registrant has not yet commenced business under the fictitious business name or names listed, insert the statement, "Not applicable."
- (c) Signature **MUST** be that of an appropriate person, i.e. "an individual," on of the general partners, a trustee or, if a corporation, by an officer.

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A FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM DATE FILED. Except as provided in section §17923 of the Business and Professions Code, it expires 40 days after any change in the facts set forth in the statement. However a mere change in the residence address of an individual, general partner, or trustee does not cause the statement to expire prior to the end of the five-year term.

THE STATEMENT EXPIRES UPON THE FILING OF A STATEMENT OF ABANDONMENT

THE STATEMENT DOES NOT EXPIRE IF A WITHDRAWING PARTNER FILES AND PUBLISHES A STATEMENT OF WITHDRAWAL AND ALL OTHER FACTS REMAIN AS ORIGINALLY FILED.

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### **Instructions on Publication**

FOR FIRST FILINGS: WITHIN 30 DAYS AFTER YOUR FICTITIOUS BUSINESS NAME STATEMENT HAS BEEN FILED, THE REGISTRANT SHALL CAUSE IT TO BE PUBLISHED IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY IN WHICH THE PRINCIPAL PLACE OF BUSINESS IS LOCATED. THE PUBLICATION MUST BE ONCE A WEEK FOR FOUR SUCCESSIVE WEEKS AND AN AFFIDAVIT OF PUBLICATION FILED WITH THE COUNTY CLERK WITHIN 30 DAYS AFTER THE COMPLETION OF THE PUBLICATION. THE NEWSPAPER SELECTED SHOULD BE ONE THAT CIRCULATES IN THE AREA WHERE THE BUSINESS IS TO BE CONDUCTED. (BUSINESS AND PROFESSIONS CODE SECTION §17917)(PARAPHRASED)

FOR RENEWAL OF 5-YEAR EXPIRATIONS: IF ANY CHANGE HAS OCCURRED IN THE FACTS IN YOUR ORIGINAL STATEMENT, YOUR NEW STATEMENT IS DEEMED TO BE A FIRST FILING; THEREFORE, IT MUST BE PUBLISHED AS REQUIRED ABOVE. IF NO CHANGES HAVE OCCURRED, YOU MUST REFILE WITHIN 40 DAYS FROM THE DATE THE STATEMENT EXPIRES TO AVOID REPUBLISHING.

Any person who execute, 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 five hundred dollars. (Section §17930 of the Business and Professions Code)