

## **INSTRUCTIONS FOR FICTITIOUS BUSINESS NAME (FBN) STATEMENT AND AFFIDAVIT OF IDENTITY**

The form must be legible – no erasures or whiteouts. Strikeovers acceptable if accompanied with initials.

1. **IN PERSON:** Registrants will be required to present a completed FBN statement, show a valid government issued identification, and complete an Affidavit of Identity form.
2. **BY MAIL:** Registrant will be required to submit a completed FBN statement, and notarized Affidavit of Identity form. **The notarized section can be substituted with a copy of government issued identification.**
3. **OTHER:** Persons presenting FBN statement on behalf of the registrant must show a valid government issued identification and submit the complete notarized Affidavit of Identity form. **The notarized section can be substituted with a copy of registrant's government issued identification.**

### **Business and Professions Code Section 17913**

1. Where **(1)** appears in the form on the front side:
  - 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.
2. Where **(2)** appear in the form on the front side:
  - 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.
  - c. Mail Box and Post Office Box Numbers **are not acceptable** as a business address.
3. Where **(3)** appear in the form on the front side:
  - a. If the registrant is an individual, insert his or her full name and residence address.
  - b. If the registrants are a married couple, insert the full name and residence address of both parties to the marriage.
  - c. If the registrant is a general partnership, co-partnership, joint venture, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residence address of each general partner. Two or more names must be listed as the registrants.
  - 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 California Secretary of State, and the state of organization.
  - 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 California Secretary of State, and the state of incorporation.
  - h. If the registrants are state or local registered domestic partners, insert the full name and residence address of each domestic partner.
4. Where **(4)** appear in the form on the front side:
  - a. Indicate which of the terms best describes the nature of the business.
5. Where **(5)** appear in the form on the front side:
  - 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 to transact business under the Fictitious Business Name or names listed, mark the box **“not applicable”**.

### **Business and Professions Code Section 17914**

1. The statement shall be signed as follows:
  - a. If the registrant is an individual, by the individual.
  - b. If the registrants are a married couple, by either party to the marriage.
  - 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

1. 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.
2. 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**

The statement expires upon filing and publication of a statement of Abandonment.

### **Business and Professions Code Section 17923**

The statement does not expire if a withdrawing partner files and publishes a statement of withdrawal and all other facts remain as originally filed.

### **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).



**Ernest J. Dronenburg, Jr.**  
**County of San Diego**  
**Recorder/County Clerk**  
[www.sdarcc.com](http://www.sdarcc.com)

## FICTITIOUS BUSINESS NAME STATEMENT

### FEE SCHEDULE

FILING: **\$42.00** (Includes one business name and one business owner on statement)  
ADDITIONAL OWNER(S): **\$5.00** (Fee is exempt to include the name of a spouse when transacting business as a married couple)  
ADDITIONAL BUSINESS NAME(S): **\$5.00** (Fee applies to additional business names on statement at the same location)  
ADDITIONAL COPIES: **\$2.00** (Additional **\$1.00** fee for a certification of copy)

All information on this statement is public information and is required to appear in the newspaper pursuant to Business and Professions Code 17913.

### (1) FICTITIOUS BUSINESS NAME(S):

a. \_\_\_\_\_  
Print Fictitious Business Name(s)

b. \_\_\_\_\_  
Print Fictitious Business Name(s)

### (2) LOCATED AT:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Physical Business Address (No P.O. Box or Postal Mailbox Facilities) City State County Zip Code

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address (If different from above) City State Zip Code

### (3) REGISTRANT INFORMATION: (Individual, Corp., LLC, Gen. Partner, etc.)

a. \_\_\_\_\_  
Print Full Complete Name (e.g. First, Middle, Last or Corp. /LLC)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Residence Address, if Corp. or LLC enter physical address (No P.O. Box or Postal Mailbox Facilities) City State Zip Code

\_\_\_\_\_  
If Corporation or LLC – Print State of Incorporation/Organization

b. \_\_\_\_\_  
Print Full Complete Name (e.g. First, Middle, Last or Corp. /LLC)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Residence Address, if Corp. or LLC enter physical address (No P.O. Box or Postal Mailbox Facilities) City State Zip Code

\_\_\_\_\_  
If Corporation or LLC – Print State of Incorporation/Organization

### (4) THIS BUSINESS IS CONDUCTED BY: (Please check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> A. Individual          | <input type="checkbox"/> E. Joint Venture | <input type="checkbox"/> I. Limited Liability Company                           |
| <input type="checkbox"/> B. Married Couple      | <input type="checkbox"/> F. Corporation   | <input type="checkbox"/> J. Limited Liability Partnership                       |
| <input type="checkbox"/> C. General Partnership | <input type="checkbox"/> G. Trust         | <input type="checkbox"/> K. Unincorporated Association-Other than a Partnership |
| <input type="checkbox"/> D. Limited Partnership | <input type="checkbox"/> H. Co-Partners   | <input type="checkbox"/> L. State or Local Registered Domestic Partners         |

### (5) REGISTRANT FIRST COMMENCED TO TRANSACT BUSINESS UNDER THE ABOVE NAME(S) AS OF (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Cannot be a future date)

CHECK HERE IF THE REGISTRANT HAS NOT YET BEGUN TO TRANSACT BUSINESS UNDER THE NAME(S) ABOVE

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

(6) Print Name of Registrant: \_\_\_\_\_  
(Print name as it appears above on the statement)

Signature of Registrant: \_\_\_\_\_

Print Name of Signor: \_\_\_\_\_ (If Corporation or LLC) Print Title of Person Signing: \_\_\_\_\_ (If Corporation or LLC)

This statement was filed with the San Diego Recorder/County Clerk as indicated by the file stamp above.

**NOTICE:** IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS (5) 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)

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## AFFIDAVIT OF IDENTITY-FICTITIOUS BUSINESS NAME STATEMENT

In accordance with Section 17913 of the California Business and Professions Code, the following information is required to file a Fictitious Business Name Statement.

### (1) REGISTRANT FILING INFORMATION:

Fictitious Business Name \_\_\_\_\_

Registrant Name \_\_\_\_\_  
Print Full Complete Name (e.g. First, Middle, Last or Corp. /LLC) - As it appears in Section 3 of Statement

Registrant Address \_\_\_\_\_  
Residence Address, if Corp. or LLC enter physical address (No P.O. Box or Postal Mailbox Facilities)

City

State

Zip Code

I, \_\_\_\_\_ certify under penalty of perjury under the laws of the State of California  
(Print Name of Registrant/Signor on Statement)  
that I am the registrant / authorized signer who has signed this Fictitious Business Name Statement and I am authorized to submit said statement to the County Clerk's Office for filing. I understand that if I willfully make a false statement on this affidavit, I may be guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000.00).

I declare that all information in this statement is true and correct.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
(Signature of Registrant/Signor on Statement)

**For Office Use ONLY:**  By Mail  
**Registrant ID:**  Driver's License  Identification Card  Passport  Other \_\_\_\_\_

