

FICTITIOUS BUSINESS NAME STATEMENT

Business and Professions Code §17900 ET SEQ.

FILING FEES:

\$30.00 - FOR FIRST BUSINESS NAME AND FIRST BUSINESS OWNER 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 OWNER IN EXCESS OF THE FIRST OWNER.

Mail to: Mariposa County Clerk

PO Box 247, Mariposa, CA, 95338
 (209) 966-2007

Mail filed documents to:

Type of Filing:

First Filing Renewal filing with changes Renewal filing without changes

Previous file no: _____

PLEASE READ INSTRUCTIONS ON REVERSE SIDE AND PRINT OR TYPE ONLY. APPLICATION MUST BE COMPLETELY LEGIBLE. WHEN FILING BY MAIL PLEASE PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE.

*** FICTITIOUS BUSINESS NAME(S) TO BE FILED. (Must be typed or printed legibly)**

1.	1)	3)
	2)	4)

**** STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS.**

2.	STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PRINCIPAL PLACE OF BUSINESS
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***** REGISTRANT INFORMATION - PHYSICAL ADDRESS IS REQUIRED, PO BOX MAY BE ADDED FOR MAILING.**

3.	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #
	REGISTRANT'S ADDRESS			CITY STATE ZIP CODE
	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #
	REGISTRANT'S ADDRESS			CITY STATE ZIP CODE
	FULL NAME OF REGISTRANT/OWNER			TELEPHONE #
	REGISTRANT'S ADDRESS			CITY STATE ZIP CODE

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

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

4.	<input type="checkbox"/> A LIMITED PARTNERSHIP	<input type="checkbox"/> AN UNINCORPORATED ASSOCIATION OTHER THAN PARTNERSHIP	<input type="checkbox"/> A GENERAL PARTNERSHIP
	<input type="checkbox"/> AN INDIVIDUAL	<input type="checkbox"/> A LIMITED LIABILITY COMPANY, STATE OF _____	<input type="checkbox"/> CO-PARTNERS
	<input type="checkbox"/> MARRIED COUPLE	<input type="checkbox"/> CORPORATION, STATE OF _____	<input type="checkbox"/> A JOINT VENTURE
	<input type="checkbox"/> TRUST	<input type="checkbox"/> STATE OR LOCAL REGISTERED DOMESTIC PARTNERS	<input type="checkbox"/> A LIMITED LIABILITY PARTNERSHIP

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

5.	THE REGISTRANT(S) COMMENCED TO TRANSACT BUSINESS UNDER THE FICTITIOUS BUSINESS NAME(S) LISTED ABOVE ON: (A FUTURE DATE IS NOT ALLOWED. PLEASE INSERT N/A IF DATE IS IN FUTURE.) DATE: _____	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 B&P CODE §14411 ET SEQ.)
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6. **NAME:** (PRINT NAME OF PERSON SIGNING. IF CORPORATION, ALSO PRINT CORPORATE TITLE OF OFFICER. IF LLC, ALSO PRINT TITLE OF OFFICER OR MANAGER.) _____

7. "I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT." (A REGISTRANT WHO DECLARES AS TRUE ANY MATERIAL MATTER PURSUANT TO SEC. 17913 OF THE BUSINESS & 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).)
SIGNATURE: _____

NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF §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 §17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO §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 DATE.

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

Keith M. Williams
 County Clerk

RENEW PRIOR TO: _____

BY: _____
 Deputy

FILE NUMBER: _____

EFFECTIVE January 1, 2014, a Registrant/Agent appearing in person are required to present Driver's License or another form of government issued photo ID acceptable by the Clerk's Office. B&P 1713(d)

ALL OF THE INFORMATION CONTAINED ON THIS PAGE IS NOT CONSIDERED PART OF THE ORIGINAL DOCUMENT AND WILL NOT BE PUBLISHED – (Business & Professions Code Sec 17917) Office Use Only

Driver Lic./ID verified by: _____ Name _____ Phone (_____) _____

Registrant OR Agent (accompanied by agent authorization form)

INSTRUCTIONS FOR COMPLETION OF STATEMENT

BUSINESS AND PROFESSIONS CODE §17913

*Where one asterisk appears in the form on the front side:

- Insert the fictitious business name or names.
- Only those businesses operated at the same address by the same owners may be listed on one statement.

**Where two asterisks appear on the front side of the form:

- 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.
- 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 the statement with the Clerk of Sacramento County.
- Mail Box and P.O. Box Numbers are not acceptable as business addresses, when used alone without a street address.

*** Where three asterisks appear on the front side of the form:

- If the registrant is an individual, insert his or her full name and residence address.
- If the registrants are a married couple, insert the full name and residence address of both parties to the marriage.
- 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.
- If the registrant is a limited partnership, insert the full name and residence address of each general partner.
- If 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.
- If registrant is a trust, insert the full name and resident address of each trustee.
- 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.
- 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 on the front side:

- Indicate which best describes the nature of the business.

***** Where five asterisks appear in the form on the front side:

- Insert the date on which registrant commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names.
- If the registrant has not yet commenced to transact business under the fictitious business name or names listed, Insert the statement, "Not applicable."

Signature BUSINESS AND PROFESSIONS CODE § 17914

If the registrant is an individual, the statement shall be signed by the individual; if a partnership or other association of persons, by a general partner; if a limited liability company, by a manager or officer; if a trust, by a trustee; if a corporation, by an officer; if a state/local registered domestic partnership, by one of the domestic partners.

INSTRUCTION ON PUBLICATION

FIRST FILINGS: Within 30 days after the 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 was filed. 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 & Professions Code § 17917) (Paraphrased).

RENEWAL: 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, publication is not required if filed within 40 days of expiration of current statement. An affidavit showing the publication of the statement shall be filed with the county clerk within 30 days after the completion of the publication.

ABANDONMENT

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 & Professional Code § 17922)

BUSINESS & PROFESSIONS CODE § 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 (\$1,000.00).



Welcome Business Owner!

Filing your Fictitious Business Name Statement is just one step towards starting your business. Mariposa County does not require business licenses. However, ***there may be requirements from other County agencies.*** For example, the ***Health Department*** may require Food Facility Permits, the ***Building Department*** may require permits for improvements or occupancy changes, and the ***Public Works Department*** may require encroachment permits or have other requirements associated with parking and access to your business.

Home-based businesses and rural home industries are among permitted uses in many zones in Mariposa County, subject to development standards. A wide variety of other businesses are permitted based on your zoning, again, subject to development standards. ***We recommend that you consult with the Planning Department*** as your next step to starting your business.

Most businesses will require advertising signage, and it is your responsibility to ***check with the Planning Department*** regarding sign standards. It is important to consult with us prior to designing any signage.

Bed and Breakfasts and vacation rentals are permitted in most zones in Mariposa County. You must obtain a Transient Occupancy Tax certificate; an application and inspections are required to verify basic health and safety requirements. Applications can be found online at <http://ca-mariposacounty.civicplus.com/DocumentCenter/View/32076> or you can ***pick one up at the Planning Department.***

We are located at 5100 Bullion Street (downstairs) and are available Monday – Friday from 8:00 AM to 5:00 PM. ***We are here to help answer your questions*** at 209-966-5151 or you can email questions to: planning@mariposacounty.org

Our Mission is to provide our clients with professional service and accurate information in a respectful, courteous, and enthusiastic manner resulting in a well-planned rural environment.

Mariposa County Planning Department
(209) 966-5151
planning@mariposacounty.org



Keith M. Williams
Treasurer – Tax Collector and
County Clerk

Treasurer (209) 966-2830 - Tax Collector (209) 966-2621 - County Clerk / Registrar of Voters (209) 966-2007 - Fax (209) 966-6496

January 1, 2014

TO: All Customers

FROM: Keith M. Williams, Mariposa County Treasurer, Tax Collector
and County Clerk

SUBJECT: Identification Requirement for Fictitious Business Name filings

Effective January 1, 2014 pursuant to Assembly Bill 1325, the Mariposa County Treasurer, Tax Collector, and County Clerk's Office will require the presentation and/or verification of a valid, government issued photo identification with the filing of any Fictitious Business Name Statement (original, refile and change of information).

Over the Counter: Business owners are required to present a valid, government issued photo identification at the time of filing their Fictitious Business Name Statement in order to verify that they are the authorized signer. Any filings by a third party agent will require the presentation of identification and completion of an agent authorization form.

Mail-In: Business owners have the option to either submit a copy of their identification or fill out the Affidavit of Identity form, have the bottom acknowledged by a notary and mail it in along with the completed FBN form and payment.

Please note that no additional fee will be charged.

This requirement has been made in accordance with the legislative amendment of Business and Professions code sections 17913, 17916, 17922, 17923, 17927 and 17929.