



Vermont Secretary of State
TRADE NAME (DBA) REGISTRATION

Business ID: _____

1. Please Return Acknowledgement to: Required - Name and Address

Name

Address

Address

Address

Expiration: _____

Processed by: _____

FOR OFFICE USE ONLY

Please review instructions page before beginning.
 This document must be typewritten or printed (11A V.S.A. § 1.20).

2. Trade Name (DBA) Ownership: Required.

a. _____
Name

Address	Street Address OR PO Box	City/Town	State	Zip Code	Zip + 4
_____	_____	_____	_____	_____	_____

b. _____
Name

Address	Street Address OR PO Box	City/Town	State	Zip Code	Zip + 4
_____	_____	_____	_____	_____	_____

CHECK IF APPLICABLE: This Trade Name will have more than two (2) owners. **If Selected - must attached list of all additional owners to this form.**

3. Business Name Trade Name (DBA) that owner(s) listed above in Part 1 intend to do business as.

The business name of a trade name registration may not include any of the following words/phrases, or any abbreviation thereof: "corporation"("corp."), "incorporated" ("inc."), "company" ("co."), "limited" ("ltd."), "professional association" (incl. "PC", "PA", "SC"), "cooperative" ("Coop." or "Co-op."), "mutual benefit enterprise" ("MBE"), "limited liability company" (incl. "LLC", "LC", "PLC", "PLLC", or "L3C"), "limited liability partnership" (incl. "LLP" or "RLLP"), or "limited partnership" ("LP").

4. Business Purpose: Required. **NAICS Code** (preferred) or brief description of business to be conducted under this business name.

a. _____
Principle Office (Physical) Address Required - No PO Box **City/Town** **State** **Zip Code** **Zip + 4**

b. Same as Principle Office (Physical) Address.

Business Mailing Address	Required	City/Town	State	Zip Code	Zip + 4
_____	_____	_____	_____	_____	_____

c. _____
Business Email Address

6. a. Agent Name Required - May be any person having a physical address in Vermont.

b. _____
Agent Office (Physical) Address Required - No PO Box **City/Town** **State** **Zip Code** **Zip + 4**

c. Same as Agent Office (Physical) Address.

Agent Mailing Address	Required	City/Town	State	Zip Code	Zip + 4
_____	_____	_____	_____	_____	_____

d. _____
Agent Email Address

7. Delayed Effective Date: Optional - The effective date of this registration may only be post-dated up to 90 days following date of receipt.

8. I certify, under penalty of law (Title 13 V.S.A. Ch. 65), as an/the individual owner listed above OR a/the principal on record with the Vermont Secretary of State of the business owner listed above, that all facts provided above are true, to the best of my knowledge, as of the date of filing; and that this filing is provided with a check or money order, in the amount of **\$50.00**, payable to "VT SOS."



**Vermont Secretary of State
TRADE NAME (DBA) REGISTRATION**

SUBMISSION INSTRUCTIONS

- a. *This form* must be filed with a check or money order, payable to "VT SOS," in the amount of \$50.00, and a self-addressed stamped envelope.
- b. *This form* can **ONLY** be accepted by Mail or In-person at:

**Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104**

- c. Please allow 3-5 business days, or more, from the day that *this form* received in our office, for processing and (if approved) for this business name to appear on the website at www.vtsosonline.com, and for evidence of filing to be returned to the name and address provided in line 1.

*****THIS FILING IS AVAILABLE ONLINE*****

- *This form* CANNOT be accepted by Phone, Fax, or E-mail; however, this filing is now available online:
 - If you wish to submit this filing electronically, **DO NOT** fill out *this form*, please submit online at: <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Payment for *this form* also CANNOT be accepted by credit card or e-check (ACH); however, payment by credit card or e-check (ACH) is available by filing online:
 - If you wish to submit payment by credit card or e-check (ACH), **DO NOT** fill out *this form*, please submit online at: <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Online filing normally takes less than 1 business day.

INSTRUCTIONS

- Part 1. Return Acknowledgement To - Required:** The Name and mailing address that this registration should be sent to by the Secretary of State following its processing by this office.
- Part 2. Trade Name Owned By – Required:**
 - a. Must provide the names addresses of all individuals and/or business entities so doing business under this business name.
 - b. Trade Names cannot own trade names as trade names are not business entities.
- Part 3. Business Name – Required:** The business name of a trade name registration must:
 - a. NOT include any the following words/phrases (or any abbreviations thereof) that would lead a reasonable person to conclude that the business is a type of entity that it is not:
 "Corporation," "Incorporated," "Company," "Limited," "Professional Association" (abbreviations incl. PC and SC), "Cooperative" "Limited Liability Company" (abbreviations incl. LC, LLC, PLC, PLLC and L3C), "Limited Liability Partnership (LLP)," "Limited Partnership (LP)," "Mutual Benefit Enterprise (abbreviations incl. MBE and Mut Ben Ent)," etc.
 - b. be **distinguishable in the records of the Secretary of State** from any other business name of any name registered or reserved under this chapter or the name of any other entity, whether domestic or foreign that is reserved, registered, or granted by or with the Secretary of State.
 - c. NOT include any words that a reasonable person would find to be discriminatory, indecent, or obscene.
- Part 4. Business Purpose – Required:** Brief description of the primary goods and/or service to be provided under this business name;
- Part 5. Business Location – Required:** The physical location where business will be conducted under this name – or the primary physical location where the records for business conducted under this business name will be kept.
- Part 6. Business Mailing Address**
- Part 8a. Registered Agent – Required:** The official point of contact in the state of Vermont for this business. *Any person (to include the/an owner of this trade name)* having an office or place of business in the state of Vermont, upon whom process against such nonresident may be served in an action founded upon a liability incurred in the state of Vermont.
- Part 8b. Registered Agent Address: – Required:** *Physical Business Address* where the Registered Agent would normally be found during regular business hours.
- Part 9. Delayed Effective Date – Optional:** May be *post-dated* up to **90 days following** date of receipt in this office.
- Part 10. Certification:** Form must be signed by one of the owners listed under Line 5 seeking doing business as this name, OR by a principal of a business entity listed under Line 5 as appears in the records of this office.

**For Questions, Contact Corporations Division at: corps@sec.state.vt.us
or by phone at (802) 828-2386**