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Secretary of State  
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Charleston, WV 25305



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**FILE ONE ORIGINAL**  
(Two if you want a filed date  
stamped copy returned to you)  
**FEE: \$25.00**

## APPLICATION FOR TRADE NAME (DBA)

Office Hours: Monday – Friday  
8:30 a.m. – 5:00 p.m. ET

1. The **name of the company** applying to register a **Trade Name (DBA)** is: \_\_\_\_\_
2. The above company is applying to do business within West Virginia under the following **Trade Name (DBA)**: \_\_\_\_\_
3. The **address of the principal office**:  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
4. The **name, address, signature** and **title** of the person having authority to make application:  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
5. Is the company operating as a **franchise**?  **Yes** (If “Yes,” attach page one of the Franchise Agreement.)  **No**
6. Contact Person Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_
7. **Signature**\*: \_\_\_\_\_ **Title**: \_\_\_\_\_ **Date**: \_\_\_\_\_

***\*Important Legal Notice Regarding Signature:***

**Corporations/Voluntary Associations/Business Trusts/Unincorporated Nonprofit Associations/Limited Partnerships** - Per West Virginia Code [§31D-1-129](#). **Penalty for signing false document.** Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the Secretary of State for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both. **Limited Liability Companies/Limited Liability Partnerships** - Per West Virginia Code [§31B-2-209](#). **Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

**BEFORE you fill out the application:** The name you select will be approved **only** if it is available—that is, if the name is not the same as and is distinguishable from any other name which has been reserved or filed with the Secretary of State. Before you prepare this application, call the Business & Licensing Division at (304)558-8000 to find out if the name you have chosen is available. A telephone check on availability of a name is not a guarantee, but it will help find a name you can use. As required by [§47-8-4](#) of the West Virginia Code, corporations, associations, limited partnerships, limited liability partnerships, business trusts, and limited liability companies may not conduct business under a trade name or assumed name without first filing an application for registration of trade name with the Secretary of State.

**Franchises:** If filing as part of a **Franchise**, you must include a copy of the first page of the **Franchise Agreement** with this application. The application will be returned to you as incomplete if page one of the Franchise Agreement is not attached.

**Important Note:** This form is a public document. Please **do NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

**SEND THE APPLICATION TO THE ADDRESS AT THE TOP OF THE APPLICATION  
FILING FEE -- \$25 Make checks payable to West Virginia Secretary of State.**