



County Clerk
Elections

1115 TRUXTUN AVE, 1st FLOOR, BAKERSFIELD, CA 93301

Aimee X. Espinoza
AUDITOR-CONTROLLER-COUNTY CLERK



The initial and renewal Filing fee is **\$43** for 1 DBA & 1 Owner, **\$6** for each additional DBAs & Registrants.

Complete all Items 1-6 and if mailing please provide the fee via check, money order or cashier's check, a self-addressed stamped envelope, and a notarized Affidavit of Identity.

FICTITIOUS BUSINESS NAME STATEMENT

Doing Business As (DBA): If listing <u>more than three</u> DBAs, attach the Addendum document.		File Number	
1	DBA # 1:		
	DBA # 2:		
	DBA # 3:		
2	Principal place of business street address:		
	Mailing Address (do not enter "SAME"):		
City: State: Zip Code: County:		City: State: Zip Code:	
Registrant(s): Individual or partners: list your full legal name separately, as indicated. Spouses; list separately. Corps, LLC, or LP: list name and state of corporation or organization. (Attach FBN Addendum as needed).			
3	Full name of individual, partner, or name of Corporation, LLC, or LP:		State of incorp. or org.:
	Business Mailing Address: City: State: Zip Code:		
	Full name of individual, partner, or name of Corporation, LLC, or LP:		State of incorp. or org.:
	Business Mailing Address: City: State: Zip Code:		
	Full name of individual, partner, or name of Corporation, LLC, or LP:		State of incorp. or org.:
	Business Mailing Address: City: State: Zip Code:		
4	(Select One Only) The business is conducted by:		
	<input type="radio"/> Individual <input type="radio"/> Unincorporated Association <input type="radio"/> Married Couple		
	<input type="radio"/> General Partnership <input type="radio"/> Corporation* <input type="radio"/> Joint Venture		
	<input type="radio"/> Limited Partnership <input type="radio"/> Trust <input type="radio"/> Domestic Partners		
<input type="radio"/> Co-Partners <input type="radio"/> Limited Liability Company* <input type="radio"/> Limited Liability Partnership*			
5	Insert the date the business commenced (MM/DD/YYYY). If the business has not started, enter N/A. Date: ____/____/____		
REVIEW BUSINESS AND PROFESSIONS CODES: SUBDIVISION (A) OF SECTION 17920, SUBDIVISION (B) OF SECTION 17920, SECTION 17913, & SECTION 14411 ET SEQ., AND GOVERNMENT CODE SECTION 6250-6277			
BY SIGNING BELOW, I DECLARE THAT ALL INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT			
6	Signature		Printed Name
	Title of person signing if Corporation, or LLC.		Phone #
<input type="checkbox"/> Check box to block from public			
*****COUNTY CLERK USE ONLY: DO NOT WRITE OR TYPE BELOW THIS LINE*****			
Date Statement Filed: ____/____/____		Date Statement Expires: ____/____/____	
		Aimee X. Espinoza, Auditor-Controller-County Clerk	
		By: ____/____/____	
PUBLIC NOTICE			
<input type="checkbox"/>	Initial/Renewal with changes: must be published once a week for four consecutive weeks, initial publication must be within 45 days of the filed date, and an affidavit of publication must be filed with the County Clerk within 30 days after publication was completed.		
<input type="checkbox"/>	Renewal: publication is not required, pursuant to B&P Code Section 17917(c)		
BANK CERTIFICATION			
I hereby certify that the foregoing is a correct copy of the original filed in my office on ____/____/____.			
Aimee X. Espinoza, Auditor-Controller-County Clerk, By:			
COUNTY CLERK	BANK COPY	NEWSPAPER	REGISTRANT
		DBA #1:	



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FICTITIOUS BUSINESS NAME AFFIDAVIT OF IDENTITY

This form must be completed and signed in the presence of a Notary Public (mail/drop-off) or Deputy County Clerk (in person) per CA Business and Professions Code section 17913.

Registrant Name _____
(First Name) (Last Name)

Fictitious Business Name: _____

Business Address: _____
(Street) (City) (State) (Zip Code)

I, _____, declare under penalty of perjury under the laws of the state of California, that I
(Printed Name)
am the registrant and intended to file this Fictitious Business Name. I understand that if I willfully make a false statement on this affidavit, I may be punished by a fine not to exceed one thousand dollars (\$1,000).

Signed on this _____ day of _____ 20_____.
(Day) (Month) _____
(Registrants Signature)

Corporations, limited liability companies, or limited liability partnerships, must attach the original Certificate of Status issued by the Secretary of State.

OFFICE USE ONLY: COMPLETED BY DEPUTY COUNTY CLERK FOR IN PERSON FILINGS ONLY

ID# _____ EXP DATE: _____ DEPUTY SIGNATURE _____

CERTIFICATE OF ACKNOWLEDGEMENT (Mail-Ins Only)

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF CALIFORNIA)
) ss
COUNTY OF)

On _____, before me _____ personally appeared
(Insert name and title of officer)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed in to the within instrument and acknowledged to me that they executed the same in their authorized capacity and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the state of California that the foregoing paragraph is true.

(Notary Signature)

Witness my hand and official seal
(Notary Seal)



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FICTITIOUS BUSINESS NAME AFFIDAVIT OF IDENTITY AUTHORIZED AGENT FORM

This form must be completed and signed by the authorized agent in the presence of a Notary Public (mail/drop-off) or Deputy County Clerk (in person) per CA Business and Professions Code section 17913.

Agent Name _____
(First Name) (Last Name)

Fictitious Business Name: _____

I, _____, declare that I am the authorized agent filing this Fictitious Business Name on behalf of the registrant.

Signed on this _____ day of _____ 20____.
(Day) (Month)

(Authorized Agent Signature)

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ID# _____ EXP DATE: _____ DEPUTY SIGNATURE _____

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STATE OF CALIFORNIA)
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_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed in to the within instrument and acknowledged to me that they executed the same in their authorized capacity and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the state of California that the foregoing paragraph is true.

(Notary Signature)

Witness my hand and official seal
(Notary Seal)