**APPLICATION FOR TRADE NAME (DBA)**

Form NR-3
Rev. 11/2017

**West Virginia Secretary of State**
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

**FILE ONE ORIGINAL**
**(Two if you want a filed stamped copy returned to you.)**

**FILING FEE: $25**

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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 signature page(s) 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.***

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# Filing Submission Instructions - Business Division

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.**
**Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.**

**All forms may be downloaded from our web site www.wvsos.gov.**

**SUBMIT THE COMPLETED APPLICATION WITH THE CUSTOMER ORDER REQUEST FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).**

## CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

**1 EXPEDITED SERVICE** (**24-hour**, **2-hour** and **1-hour**; *Requires standard filing fee plus additional expedite fee, *see below*)

| Expedite Service | *Fee | EXPEDITED SERVICE requests may be submitted by: |
|---|---|---|
| 24-Hour | $ 25.00 | - E-mail to efilings@wvsos.gov |
| 2-Hour | $250.00 | - Fax |
| 1-Hour | $500.00 | - Walk in delivery |

**2 STANDARD PROCESSING** (**5-10 business days**)

**Standard filing fees apply.**

**STANDARD PROCESSING requests may be submitted by:**
- **E-mail to CorpFilings@wvsos.gov**
- **Fax**
- **Walk in delivery (drop off service only filed within 5-10 business days)**

## INCLUDE PAYMENT:

**Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the e-Payment Authorization form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

## SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

**BUSINESS SERVICE CENTERS**
***Standard and Expedited Filings***

**Charleston Office**
**One-Stop Business Center**
1615 Washington Street East
Charleston, WV 25311
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

**Clarksburg Office**
**North Central WV Business Center**
200 West Main Street
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

**Martinsburg Office**
**Eastern Panhandle Business Center**
229 E. Martin Street
Martinsburg, WV 25401
Phone: TBA
Fax: TBA
Hours: Mon. - Fri. 9:00a - 5:00p EST

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# Customer Order Request

**SUBMIT THIS COMPLETED FORM WITH YOUR FILING.**

**Order Processing Requested*:** * * * **Expedite Processing Requires Additional Fees** * * *

☐ **Standard** Processing** (Avg. processing turnaround **5-10 business days**)
☐ **24-HOUR** Expedite*** (additional **$25.00** fee included)
☐ **2-HOUR** Expedite (additional **$250.00** fee included)
☐ **1-HOUR** Expedite (additional **$500.00** fee included)

*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.
****Standard Processing** applications received by **E-MAIL** or **FAX must include the e-Payment Authorization form with credit card information.**
***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of $25.00 per order.**

Name of Entity: _____

Return filing to:
(Return Address)
_____

Contact Name: _____ Phone: _____

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately.

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Return Address above ☐ FedEx: Acct # _____

☐ Other (explain below): ☐ UPS: Acct # _____

**Order Description** (include items being ordered and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional $15 per certified copy being requested.**

**Total Amount:**

**Payment Method:**

☐ **Check/Money Order** ☐ **Credit Card** (*Must attach* **e-Payment Authorization** *request form including payment information.*)
☐ **Cash** (*Do Not mail cash*) ☐ **Pre-paid Acct #:** _____ **Attach signed pre-paid slip.**

**MAC WARNER**
**Secretary of State**
**State Capitol Building**
**Charleston, WV 25305**
**Phone: (304) 558-6000**
**Website: www.sos.wv.gov**

# 24-hour, 2-hour and 1-hour Expedite Service Guidelines

***IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.***

## 24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "**24-HOUR EXPEDITE"** request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is $25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

**Time Constraints:** Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

## 2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

## 1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**

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# e-Payment Authorization

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

**This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.**

**Service Type:** ☐ Fax ☐ E-mail ☐ Mail

## Payment by Card *(card holder name and billing address required below)*

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number: V Code*

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

**NOTICE:** *For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.*

Credit Card Expiration Date: Month: Year:

**Amount to Charge Card:** USD $

## Order Information *(required)*

**Entity Name:**

## Card Holder Information:

Name as it appears on the account

Billing Address

City State Zip Code

Telephone Ext.

## Payment Information Storage Authorization *(optional)*

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date

**Authorized Signature**

## Payment Authorization *(required)*

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date

**Authorized Signature**

Reset Form

**Not to Exceed Amount:** USD $