

APPLICATION FOR BUSINESS TRUST

Form BT-1
Rev. 01/2023

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: \$50

*** Fee Waived for Veteran-owned organization**

Control # _____

****** One original copy of the declaration, articles, or agreement of trust creating the Business Trust **** should accompany this application as set forth by West Virginia Code [§47-9A-2](#).**

1. The **name** of the **Business Trust** is: _____

2. **Check and complete** the appropriate organizational information:

It is organized under the laws of **West Virginia**.

It was organized under the laws of: _____ on the following **date**: _____
(State)

3. **Principal office address** of the Business Trust:

Street: _____

City: _____ State: _____ Zip Code: _____

Located in the **County** of (required):

County: _____

4. **Mailing address** of the Business Trust, if different from the address above:

Street: _____

City: _____ State: _____ Zip Code: _____

5. **Agent name and address** to whom **Notice for Service of Process** may be sent:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

6. **E-mail address** where business correspondence may be received: _____

7. **Website address** of the business, if any (*ex: yourdomainname.com*): _____

8. Do you **own or operate more than one business in West Virginia?** **Yes** * *Answer a. and b. below.* **No** **Decline to answer**

If "**Yes**"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____

9. a. The **purpose** for which for which the Business Trust is formed is as follows:

10. The names and addresses of all trustees having authority to act on behalf of the Business Trust (attach additional pages if necessary.):

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____

11. Read and check the following box: The business trust hereby consents to the recognition of the application to the business trust of the laws of this state with respect to corporations.

12. Is the organization a "veteran-owned" organization?

Effective **JULY 1, 2015**, to meet the requirements for a "veteran-owned" organization, the entity filing the registration must meet the following criteria per West Virginia Code [§59-1-2a](#):

1. A "veteran" must be honorably discharged or under honorable conditions, and
2. A "veteran-owned business" means a business that meets one of the following criteria:
 - o Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or
 - o In the case of a publicly owned business, at least fifty-one percent (51%) of the stock is unconditionally owned by one or more veterans.

Yes (If "Yes," attach Form DD214)

CHECK BOX indicating you have attached Veteran Affairs Form DD214

No

You may obtain a copy of your Veterans Affairs Form DD214 by contacting:

**National Personnel Records Center
Military Personnel Records**
1 Archives Drive
St. Louis, MO 63138
Toll free: 1-86-NARA-NARA or 1-866-272-6272
Phone: 314-801-0800
www.archives.gov/veterans/military-service-records

Per WV Code [59-1-2\(j\)](#) effective July 1, 2015, the **registration fee is waived** for entities that meet the requirements as a "veteran-owned" organization. See attached instructions to determine if the organization qualifies for this waiver. In addition, a "veteran-owned" entity will have **four (4) consecutive years of Annual Report fees waived** AFTER the organization's initial formation [see WV Code [59-1-2a\(m\)](#)].

13. Contact and Signature Information* (See below *Important Legal Notice Regarding Signature*):

a. Contact person to reach in case there is a problem with filing: _____ Phone: _____

b. Print name of person who is signing these articles: _____

c. Signature: _____ Date: _____

***Important Legal Notice Regarding Signature:** 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.

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.

INSTRUCTIONS FOR FILING APPLICATION FOR BUSINESS TRUST

BEFORE you fill out the application: The association 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 registered with the West Virginia Secretary of State. If you prepare association papers without applying for and receiving a **Name Reservation** [Form **NR-1**] (for a domestic, West Virginia formed entity) or a **Name Registration** [Form **NR-2**] (for a foreign, out-of-State formed entity), you do so at your own risk. *A telephone check for name availability is NOT a guarantee the name will be available when the application is received by our office.*

You may apply for a **Name Reservation** or **Name Registration**, depending on the State of origin of the trust, in writing, accompanied by a \$15 fee payable to the Secretary of State, mailed to the address on the top of the application. Name Reservations (domestic entities) will be held for 120 days from the effective date of filing in our office. Name Registrations (foreign entities) are effective from the date of filing in our office until December 31 of that same filing calendar year.

If you plan to do business under any other name, other than the name on your certificate of business trust, you must register that Trade Name (DBA) [Form NR-3] with the Secretary of State. Failure to do so could result in a fine or imprisonment.

FILLING OUT THE APPLICATION

Section 1. Enter the exact **name** of the **Business Trust**. The name **may not** contain any word or phrase which implies that it is organized for any purpose other than those contained in this application, and may not contain a word indicating it is incorporated.

Section 2. Indicate by checking the appropriate box whether the trust is organized in West Virginia or in another state. If organized in another state, enter the state abbreviation in the space provided and the date of organization in the home state.

Section 3. List the **principal office address** of the business trust. Be sure to enter the West Virginia **County** information where the business is located if a domestic, West Virginia-formed entity. If an out-of-state entity, enter "Out-of-State." If located in a foreign country, enter "Foreign Country."

Section 4. List the **principal mailing address** of the business trust, if different from the principal office address in Section 3 above.

Section 5. Unless you name a person or business as "**agent of process**" who can receive service of a summons or complaint, legal process will go to the address listed in #2. You may change "agent of process" by filing with the Secretary of State an application to appoint or change address, agent or officers [**Form AAO**] (fee \$15).

Section 6. List an **e-mail address** (*yourname@domainname.com*) where you can receive important e-mail notifications (e.g., **Annual Report** notices).

Section 7. List the **website address** (*domainname.com*) **of the business**, if any. DO NOT list a physical mailing address.

Section 8 Indicate whether or not you **own or operate more than one business in West Virginia**. If "Yes"...

- a. List the **total number of businesses in West Virginia** in the space provided.
- b. List the **total number of counties in West Virginia** in which the businesses conduct operations.

Section 9. It is important to describe the **purpose(s)** [i.e., principal activity(ies) to be conducted by the organization] for which the business trust is formed to insure you receive all the necessary information about registering with the required state agencies. Attach an additional page if necessary.

Section 10. The **names and addresses of all trustees** having authority to act on behalf of the business trust are required to be entered. Attach additional pages if necessary.

Section 11. **Check the box** indicating you have read and agree with the statement, "The business trust hereby consents to the recognition of the application to the business trust of the laws of this state with respect to corporations."

Section 12. **Check the appropriate box** indicating whether or not the organization is "**veteran-owned**." **Effective JULY 1, 2015**, the following criteria must be met in order to qualify as a "veteran-owned" entity: (1) veteran must be "honorably discharged or under honorable conditions;" and (2) if a publicly-owned entity, at least fifty-one per cent (51%) of the stock must be unconditionally owned by one or more veterans [see WV Code [59-1-2a\(12\)-\(13\)\(A\)\(B\)](#)]. **If "Yes," you must provide proof of veteran status by including with this application a copy of your Veteran Affairs Form DD214.**

Section 13. **A TRUSTEE MUST SIGN THE APPLICATION.** Listing a contact person and phone number is optional, however listing a person to contact in case of a problem with filing may help to speed the filing process along and avoid possible rejection of the document.

ANNUAL REPORT NOTICE:

West Virginia Code [59-1-2a](#) requires every business trust to file an annual report and pay the annual report filing fee between January 1 and July 1 of each year following the calendar year in which the business was registered with the Office of the Secretary of State. The \$25 annual report fee is waived for Veteran-owned entities for the following four (4) years after initial formation [see West Virginia Code 59-1-2a(m)]. Failure to file may result in revocation of the organization's legal authority to transact business in the state. Notification of the filing requirement will be sent, but the company is responsible for filing the annual report as required by West Virginia Code. You may file the annual report online at <https://onestop.wv.gov>.

FILING THE ARTICLES - ONE ORIGINAL REQUIRED - AND PAYING THE FEE

Send an additional original if you want a filed date-stamped copy returned to you at no additional cost.

The filing fee will consist of paying a registration fee and excess acreage fee, if applicable.

If requesting a certified copy, an additional fee of \$15 per certified copy requested is required.

		Registration fee - \$50
		* Veteran-owned entity registration FEE WAIVED - \$0
		[Registration fee is waived for "veteran-owned" entity effective <u>July 1, 2015</u> per WV Code 59-1-2(j) ; <u>Be sure to attach the veteran proof of status Veteran Affairs Form DD214 when claiming "veteran-owned" status.</u>]
Registration fee*	_____	
Excess Acreage fee:	+ _____	
\$15 per certified copy:	+ _____	
Total fee:	= _____	

****** Make your checks payable to *West Virginia Secretary of State*. ******

TEXT ALERTS: Stay up-to-date regarding filing deadlines and changes to business, charity, notary, private investigation, and security guard laws. To sign up, go to www.wvsos.gov.

CHARITABLE REGISTRATION: If your organization receives contributions, donations or grants, registration as a charitable organization may be required. Contact our office for more information or visit our web site at www.wvsos.gov.

DISSOLUTION: A business trust is a legal entity which can only be dissolved through formal action by filing the necessary documents for dissolution - not by a letter or phone call. You remain liable for all taxes, assessments, fines, penalties and interest until you receive a certificate of dissolution from the Secretary of State. Contact us for more information.

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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)**

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

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

<u>Standard filing fees apply.</u>	<u>STANDARD PROCESSING requests may be submitted by:</u>
	- E-mail to CorpFilings@wvsos.com
	- 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

13 Kanawha Blvd. West
Suite 201
Charleston, WV 25302
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office

North Central WV Business Center

153 West Main Street
Suite G- Third Floor
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: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST

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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

READ CAREFULLY BEFORE SUBMITTING - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

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)

Email to: CorpFilings@wvsos.com

Email to: eFilings@wvsos.com

ALL Requests for Copies of documents email to: Copies@wvsos.gov

*"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.

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.

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

Not to Exceed Amount: USD \$