**APPLICATION FOR BUSINESS TRUST**
Form BT-1
Rev. 07/2026

**FILE ONE ORIGINAL**
**(Two if you want a filed stamped copy returned to you.)**
**FILING FEE: $50** * **Fee Waived for Veteran-owned organization**

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

**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.):*

| | Name | Address | City | State | Zip Code |
|---|---|---|---|---|---|
| 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 m**eets one of the following criteria:
   - Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or
   - 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 Registratio**n, 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 he 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.

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.

**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 12:00 AM January 1st and 11:59 PM June 30th 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 either by logging in, creating a log in, or filing as a 'guest'.**

**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*** _____

Excess Acreage fee: +_____

$15 per certified copy: +_____

**Total fee**: =_____

[Registration fee is waived for "veteran-owned" entity effective July 1, 2015 per WV Code 59-1-2(j); **Be sure to attach the veteran proof of status Veteran Affairs Form DD214 when claiming "veteran-owned" status**.]

**** *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.

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

# CUSTOMER ORDER REQUEST

INCLUDE THIS FORM WITH YOUR FILING

**Name of Business on Filing:** _____

**Contact for Filing:**
Name: _____
Phone: _____
Email: _____

Order Description: Please Identify the type of filing or request being made.

| |
|---|
| |

## EXPEDITING SERVICE OPTIONS*

- ☐ Standard (5-10 business days) - No additional cost
- ☐ In-Person Same Day -$25 in addition to filing fee
- ☐ Next Business Day - $25 in addition to filing fee
- ☐ 2 Hour - $250 in addition to filing fee
- ☐ 1 Hour - $500 in addition to filing fee

**Expediting Service is NOT AVAILABLE for:**

-Dissolutions / Withdrawals of Corporations, Voluntary Associations, or Business Trusts
-Credit Service Organization Registrations
-Trademark Filings
-Sole Proprietor / General Partnership Trade Names

*Fees apply to each business. Time frame Indicates when the filing will be completed and registered in the Secretary of State database.

## Return Information:

Method of Return:

- ☐ Hold for Pick Up
- ☐ Email: _____
- ☐ Specialty Carrier (Please provide return envelope & prepaid label)
- ☐ USPS Mail (standard)
  Attention: _____
  Street: _____
  City: _____ State: _____ Zip code: _____

| Please Mail Filing to Any Secretary of State Hub Office | | |
|---|---|---|
| **WV One Stop Business Center**<br>13 Kanawha Blvd. W.<br>Suite 201<br>Charleston, WV 25302 | **North Central WV Business Hub**<br>153 West Main Street<br>Suite G - Third Floor<br>Clarksburg, WV 26301 | **Eastern Panhandle Business Hub**<br>229 East Martin Street<br>Martinsburg, WV 25401 |

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

# Next Business Day, 2-Hour, and 1-Hour Expedite Service Guidelines

## NEXT BUSINESS DAY 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* **f**ax 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 **u**tilize the 2-hour expedite service, please enclose with your filing an additional $250.00 per filing and/or order. Please note that this **e**xpedite 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 **u**tilize the 1-hour expedite service, please enclose with your filing an additional $500.00 per filing and/or order. Please note that this **e**xpedite 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 acknowledgment (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.**