



FICTITIOUS, "DBA" OR TRADE NAMES

Pursuant to Virginia Code § 59.1-69 et seq., before a business can operate in Virginia under a fictitious name, the business must file a certificate in the circuit court of the jurisdiction in which the name is to be used. Pursuant to § 59.1-74, a business license cannot be issued unless the registration receipt is provided to the Commissioner of the Revenue.

Merely removing the "LLC" or "Inc" designator from a LLC or corporate legal name constitutes a fictitious name.

Location of filing requirement:

Roanoke County Clerk of the Circuit Court
305 E. Main Street
Salem, VA 24153
(540) 387-6205

Recording Fee = \$10.00 Certified copy fee = \$2.50 (see below)

No cell phones are allowed in Clerk of the Court's office

Pursuant to Virginia Code § 59.1-70, if the business is a **Virginia or foreign corporation, limited liability company or limited partnership**, it must also obtain a certified copy from the circuit court and file it with the State Corporation Commission.

Mail Certified Copy to:

Virginia State Corporation Commission
Attn: Clerk's Office
1300 E. Main St
Richmond, VA 23219

<http://www.scc.virginia.gov>
(804)371-9733
(866) 722-2551

Recording Fee: \$10.00 made payable to "State Corporation Commission"

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [] County of

- 1. The ASSUMED OR FICTITIOUS NAME of business
2. The above business is owned by the following entity type:
[] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)
[] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).
A. NAME OF OWNER
RESIDENCE ADDRESS
POST OFFICE ADDRESS
B. NAME OF PARTNERSHIP
OFFICE ADDRESS
POST OFFICE ADDRESS
(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two.
(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.
(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:
A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.
C. NAME OF [] CORPORATION [] LIMITED LIABILITY COMPANY
OFFICE ADDRESS
POST OFFICE ADDRESS
(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.
(2) Is this a foreign corporation or a foreign limited liability company? [] NO [] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship NAME OF OWNER SIGNATURE OF OWNER
Partnership NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER
Corporation NAME OF PRESIDENT SIGNATURE OF PRESIDENT
Limited Liability Company NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

[] City [] County of State/Commonwealth of

Subscribed and acknowledged before me , this day of, 20
by NAME TITLE

My commission expires [] CLERK/DEPUTY CLERK [] NOTARY PUBLIC
Registration No.

CLERK'S OFFICE

Filed in the Clerks' Office of the Circuit Court on DATE
..... , Clerk by, Deputy Clerk

STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business under an assumed or fictitious name as partners in the [] City of [] County of _____, and that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

.....
PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....
RESIDENCE ADDRESS
[] City [] County of _____ State/Commonwealth of _____

Subscribed and acknowledged before me this _____ day of _____, 20.....
by _____

NAME TITLE

My commission expires
[] NOTARY PUBLIC [] CLERK/DEPUTY CLERK
Registration No.

.....
PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....
RESIDENCE ADDRESS
[] City [] County of _____ State/Commonwealth of _____

Subscribed and acknowledged before me this _____ day of _____, 20.....
by _____

NAME TITLE

My commission expires
[] NOTARY PUBLIC [] CLERK/DEPUTY CLERK
Registration No.

.....
PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

.....
RESIDENCE ADDRESS
[] City [] County of _____ State/Commonwealth of _____

Subscribed and acknowledged before me this _____ day of _____, 20.....
by _____

NAME TITLE

My commission expires
[] NOTARY PUBLIC [] CLERK/DEPUTY CLERK
Registration No.

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PRINTED NAME (LAST, FIRST, MIDDLE) SIGNATURE

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RESIDENCE ADDRESS
[] City [] County of _____ State/Commonwealth of _____

Subscribed and acknowledged before me this _____ day of _____, 20.....
by _____

NAME TITLE

My commission expires
[] NOTARY PUBLIC [] CLERK/DEPUTY CLERK
Registration No.