



Vermont Secretary of State
STATEMENT OF TRANSFER
 of a Trade Name (DBA) Registration

File No.: _____

Business ID: _____

1. RETURN ACKNOWLEDGEMENT TO: REQUIRED - NAME AND MAILING ADDRESS

NAME _____

ADDRESS _____

Expiration: _____

Processed by: _____

FOR OFFICE USE ONLY

THIS FORM DOES NOT REPRESENT A SINGLE STATUTORY FILING. THIS FORM IS PROVIDED AS A CONVENIENCE BY THE SECRETARY OF STATE UNDER THE AUTHORITY OF 11 V.S.A. § 1624 FOR THE SUBMISSION OF A "CERTIFICATE OF CESSATION" AND "TRADE NAME REGISTRATION," TOGETHER, IN TURN, ON A CONSOLIDATED FORM AND WILL BE PROCESSED AND FILED, IF ACCEPTED FOR SUCH, AS THE TWO SEPARATE STATUTORY FILINGS REPRESENTED.

PLEASE REVIEW INSTRUCTIONS PAGE BEFORE BEGINNING.

2. BUSINESS NAME: REQUIRED _____

File No.: _____

I. STATEMENT OF CESSATION

Business ID: _____

a. DATE BUSINESS CEASED TO BE DONE UNDER TRANSFERRING OWNERSHIP: REQUIRED _____

b. SERVICE OF PROCESS POINT OF CONTACT, AFTER TRANSFER, FOR TRANSFERRING OWNERSHIP - REQUIRED

(1) NAME: _____

(2) PHYSICAL STREET ADDRESS: NO PO BOX _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

(3) MAILING ADDRESS: Same as PHYSICAL STREET ADDRESS.

Street or PO Box: _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

CERTIFICATION OF CESSATION: REQUIRED

I certify, under penalty of law (Title 13 V.S.A. ch. 65), as an/the individual owner or partner, or a/the principle, registered with the Vermont Secretary of State, of an/the business entity owner as currently appearing in the records with the Secretary of State, that all facts provided in this certificate of cessation are true, to the best of my knowledge, as of the date of filing.

Printed Name of Certifier of Transferor _____

Signature _____

Title _____

Date _____

II. TRADE NAME (DBA) REGISTRATION

Business ID: _____

a. NEW BUSINESS LOCATION REQUIRED - PRIMARY LOCATION WHERE BUSINESS WILL BE CONDUCTED UNDER THIS BUSINESS NAME

(1) PHYSICAL STREET ADDRESS: NO PO BOX _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

(2) MAILING ADDRESS: Same as PHYSICAL STREET ADDRESS.

Street or PO Box: _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____

(3) BUSINESS EMAIL ADDRESS: _____



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b. NEW BUSINESS DISCRIPTION *REQUIRED – [NAICS CODE](#) (PREFERED) OR BRIEF DESCRIPTION OF PRIMARY GOODS OR SERVICES TO BE PROVIDED UNDER THIS BUSINESS NAME.*

BUSINESS PURPOSE: _____

c. NEW TRADE NAME OWNERSHIP *REQUIRED - THE PERSON(S) OR PARTNERS SEEKING TO DO BUSINESS AS THIS TRADE NAME*

(1) OWNER 1: _____

Address: _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____ - _____

(2) OWNER 2: _____

Address: _____

City/Town: _____ State/Province: _____

Country: _____ ZIP/Postal Code: _____ - _____

CHECK IF APPLICABLE:

This Trade Name will have more than two (2) individual owners; *MUST ATTACH A LIST OF ANY ADDITIONAL OWNERS OF THIS TRADE NAME.*

d. NEW BUSINESS EMAIL ADDRESS *OPTIONAL* _____

e. REGISTERED AGENT OF TRANSFEREE *REQUIRED - MAY BE ANY INDIVIDUAL HAVING A BUSINESS ADDRESS IN VT.*

(1) AGENT'S NAME: _____

(2) PHYSICAL ADDRESS: *i.e. AGENT'S NORMAL LOCATION DURING REGULAR BUSINESS HOURS.*

Address: *NO PO BOX* _____

City/Town: _____ State: **VT** ZIP: _____ - _____

(3) AGENT'S MAILING ADDRESS: Same as PHYSICAL STREET ADDRESS.

Street or PO Box: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

(4) AGENT'S EMAIL: _____

f. DELAYED EFFECTIVE DATE OF THIS REGISTRATION: *OPTIONAL* _____

MAY BE POST-DATED UP TO 90 DAYS FOLLOWING DATE OF RECEIPT

CERTIFICATION OF REGISTRATION: *REQUIRED*

I certify, under penalty of law (Title 13 V.S.A. Ch. 65), as a/the owner listed above under Line II.c., OR a principle of the/a business entity listed above under Line II.c. as owner above, as appearing in the records of the Secretary of State that:

(1) all facts provided in this trade name registration are true to the best of my knowledge; and

(2) that this filing is provided with:

- **three (3)** identical or conformed copies; and
- a **check or money order**, in the amount of **\$70.00**, payable to "VT SOS."

 Printed/Typed Name of Certifier of Transferee Signature Title Date

PLEASE REVIEW INSTRUCTIONS PAGE BEFORE SUBMISSION.



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SUBMISSION INSTRUCTIONS

a. *This form* must be filed with 3 identical or conformed copies (1 original w/ 3 copies, 4 originals, or any combination thereof with at least 1 original) with a check or money order, payable to "VT SOS," in the amount of \$70.00, and a self-addressed stamped envelope.

b. *This form* may **ONLY** be accepted by Mail or In-person at:

**Vermont Secretary of State
 Corporations Division
 128 State Street
 Montpelier, VT 05633-1104**

c. Please allow 7-10 business days, or more, from the day that *this form* received in our office, for processing. If approved for this business appear on the website at www.vtsosonline.com, and ACKNOWLEDGEMENT of filing to be returned to name and address provided under Line 1

*****TO SUBMIT ONLINE*****

- *This form* CANNOT be accepted by Phone, Fax, Online or E-mail; however, this filing is now available online: If you wish to submit these filings electronically, **DO NOT** fill out *this form*, please:
 1. First, **END** your Current registration at:
<https://www.sec.state.vt.us/corporationsbusiness-services/business-filing/end-a-business-registration.aspx>
 2. Then, **START OR REGISTER** a NEW Trade Name Registration at:
<https://www.vtsosonline.com/online/Account?referrer=BF>
- Payment for *this form* also CANNOT be accepted by credit card or e-check (ACH); however, payment by credit card or e-check (ACH) is available by filing online:
 - If you wish to submit payment by credit card or e-check (ACH), **DO NOT** fill out *this form*, please file online:
 1. **END** your Current registration at:
<https://www.sec.state.vt.us/corporationsbusiness-services/business-filing/end-a-business-registration.aspx>
 2. **START OR REGISTER** a NEW Trade Name Registration at:
<https://www.vtsosonline.com/online/Account?referrer=BF>
- Online filing normally takes 1 business day or less.

Form Instructions

Line 1. Return Acknowledgement To: REQUIRED This is the name and mailing address to which the Secretary of State should return this document after processing.

Line 2. Business Name: REQUIRED

Line 1.a. Date Business Ceased to be done Under Transferring Ownership: REQUIRED – This *is not* the effective date of cessation. See Line II.f. instructions below for details on effective date.

Line 1.b. This is the legal point of contact for the Transferring Ownership following cessation.

Certification: Certificate of Cessation must be signed by:

- (1) A surviving partner or member of such association registered currently registered with the Secretary of State;
- (2) An officer or director of a corporate owner; a member or manager of a owning limited liability company currently registered with the Secretary of State; a partner of an owning General or Limited Liability Partnership; or a General Partner of a Limited Partnership;
- (3) The person so doing business currently registered with the Secretary of State; or
- (4) Executor or administrator of the person so doing business (must attach evidence of authority to file in his/her name).

Line II.a. New Business Location: The physical location where business will be conducted under this name – or the primary physical location where the records for business conducted under this business name will be kept.

Line II.b. New Business Description: Brief description of the primary goods and/or service to be provided under this business name;

Line II.c. Trade Name Owned By: Must provide the names addresses of all individuals and business entities so doing business under this business name.

Line II.e. (1) Registered Agent: The official point of contact in the state of Vermont for this business. *Any person (to include the/an owner of this trade name)* having an office or place of business in the state of Vermont, upon whom process against such nonresident may be served in an action founded upon a liability incurred in the state of Vermont.

(2) Registered Agent Address: *Physical Business Address* where the Registered Agent would normally be found during regular business hours.

Line II.f. DELAYED EFFECTIVE DATE: Optional - May only post-dated up to 90 days following date of receipt – if none provided, or is a date prior to the date received by the Secretary of State, the effective date of these filings will be the date received by the Secretary.

Certification: Trade Name Registration must be signed by and individual:

- (1) listed as an owner listed under Line II.c. seeking doing business as this name; or
- (2) registered with the Secretary of State as a principle of a business entity listed as an owner under line Line II.c., seeking to do business as this name.

For Questions, please contact the proponent Division for this form at: corps@sec.state.vt.us or by phone at (802) 828-2386