

State of Maryland
Department of Assessments and Taxation
Charter Division

TRADE NAME APPLICATION

NON EXPEDITED FEE: **\$25.00**
EXPEDITED FEE: ADDITIONAL **\$50.00** | TOTAL EXPEDITED SERVICE: **\$75.00**
(Make checks payable to Department of Assessments and Taxation)

1) **TRADE NAME:** *(Only one trade name may appear on this line)*

2) **STREET ADDRESS(ES) WHERE NAME IS USED:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Post office box number is only accepted when part of the physical address.

3) **FULL LEGAL NAME OF OWNER OF BUSINESS OR INDIVIDUAL USING THE TRADE NAME:**

If more than one owner, attach an additional sheet listing each owner with his/her address. Be sure each owner signs this form.

4) If the owner is an individual or general partnership, do they have a personal property account (an "L" number)?
Circle one: YES NO

IF YES, WHAT IS THAT NUMBER? _____

IF NO, see item 4 of the Trade Name Application Instructions.

5) **ADDRESS OF OWNER:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Post office box number is only accepted when part of the physical address.

6) **DESCRIPTION OF BUSINESS:** _____

I affirm and acknowledge under penalties of perjury that the foregoing is true and correct to the best of my knowledge.

SIGNATURE OF OWNER (AUTHORIZED TITLE)

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These are sample documents for the State of Maryland. Actual content differs by state and may vary based on your answers to the LegalZoom questionnaire.

Your answers to the LegalZoom questionnaire have not been applied to these sample documents so they are not fit for use.