

State of Maryland  
**Department of Assessments and Taxation**  
Charter Division

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**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)*

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

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**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:** \_\_\_\_\_

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**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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

6) **DESCRIPTION OF BUSINESS:** \_\_\_\_\_

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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)

\_\_\_\_\_  
SIGNATURE OF OWNER (AUTHORIZED TITLE)

\_\_\_\_\_  
SIGNATURE OF OWNER (AUTHORIZED TITLE)

\_\_\_\_\_  
SIGNATURE OF OWNER (AUTHORIZED TITLE)

# TRADE NAME APPLICATION INSTRUCTIONS

## General Information

1. The fee is \$25.00. Checks should be payable to: DEPARTMENT OF ASSESSMENTS AND TAXATION

**Filings submitted in person at the Charter Division office and processed on a while-you-wait basis, as well as filings by fax are subject to an additional \$50.00 surcharge for Expedited Service.** Visit our web page to view our fee schedule and a list of all service fees at <http://www.dat.state.md.us/sdatweb/fees.html>.

Mail the completed form and check to: Charter Division  
Department of Assessments and Taxation  
301 W. Preston Street, Room 801  
Baltimore, Maryland 21201

2. Walk-in hours are 8:30 a.m. to 4:30 p.m. For same day service fees must be paid by check, cash or money order.
3. For expedited faxes, attach a separate completed cover sheet with return mailing address, telephone number, fax number, MasterCard or Visa information, cardholder's signature and credit card expiration date with the application and fax to 410-333-7097. **Do not put credit card information on the trade name application.**
4. Trade name applications must be signed to be accepted.
5. If the name is available and all items on the form are completed, SDAT will accept the filing for record and an acknowledgement, with the filing date will be sent to the "Address of Owner" (unless otherwise stated), ordinarily within 6-8 weeks of acceptance.
6. This filing is effective for five years from the date of acceptance by SDAT. During the last six months of the period the filing may be renewed for an additional five years. If not renewed, the Department will forfeit the trade name and a new application must be filed.

**NOTICE:** Acceptance of a trade name application does not confer on the owner any greater right to use the name than he otherwise already has. The Department checks the name only against other trade names filed with this Department. Federal trademarks, State service marks, records in other states and trade names are **NOT** meant to reserve the name for its owners, to act as a trademark filing or to confer on the owner any greater right to the name than he already possesses. For further information, contact your lawyer, accountant or financial advisor.

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## HOW TO COMPLETE TRADE NAME APPLICATION

All blanks on the form must be typed or printed legibly, with black ink, with an original signature (no stamps, Xerox or carbon copy). Numbers correspond to item numbers on the trade name application:

1. **TRADE NAME** – Only one trade name may appear on this line. To file more than one trade name, complete a separate application for each and send separate checks. **NO trade name may contact a term that implies it is a type of entity that it is not (i.e., if the owner is an individual, "Inc." cannot be in the trade name).** Check the name on the business data search section of our web site – [www.dat.state.md.us](http://www.dat.state.md.us).
2. **STREET ADDRESS (ES) WHERE NAME IS USED** – List the full address, including street address, city, state and zip code. Post office box number is only accepted when part of the physical address. Out-of-state addresses are acceptable.
3. **FULL NAME OF LEGAL ENTITY OR INDIVIDUAL USING THE TRADE NAME** – Legal entities may be owners of the trade name. If the legal entity is the owner the legal entity must be registered with MD Dept of Assessments and Taxation. If more than one owner, attach an additional sheet listing each owner with his/her address. Be sure each owner signs this form.
4. **UNINCORPORATED ACCOUNT** (answer YES or NO). If yes, indicate unincorporated account number. **Note:** All Unincorporated businesses that own or lease personal property (furniture, fixtures, tools, machinery, equipment, etc.) or anticipate owning or leasing personal property in the future, or need a business license must file an annual personal property return with this Department. Registration applications can be obtained by contacting your local Assessment office or by calling (410) 767-4991.
5. **ADDRESS OF OWNER** – List the full address including street address, city, state and zip code. Post office box number is only accepted when a part of the physical address. Attach an additional sheet for all owners' addresses, if needed.
6. **DESCRIPTION OF BUSINESS** – State the nature of business.
7. **SIGNATURE** – Each person listed as an owner must sign. If a legal entity is the owner of the trade name, the person who signs for the entity must list his/her title.