

TOWN OF ORONO BUSINESS NAME REGISTRATION



This form must be completed by any person(s) operating a business within Orono's boundaries. **The fee to file this document is \$10 per filing and must be filed prior to any business being transacted.** Should the business cease operations, close or relocate to another municipality, **YOU MUST CONTACT OUR OFFICE.** This form is a public document and shall be available upon request.

Business Name: _____ **Telephone #** _____

Contact Person for Business: _____ **Telephone #** _____

Street Location: _____

Mailing Address: _____

Website Address: _____ **Hours:** _____

Type of Business: ____ sale of goods/merchandise ____ labor / services ____ online / website
____ mobile/transient/in-home sales ____ consulting / freelance work ____ medical/personal care.

____ **OTHER, explain:** _____

Is your business registered with the State: **YES or NO** When is your opening date? _____

Does this business require Planning Board approval? **YES or NO** Referred to CODE: **YES or NO**

Dated on this day ____ **of** _____, **20**____. _____

Signature

\$10 Municipal Fee Date Paid: _____ **Clerk:** _____

CERTIFICATE OF SOLE PROPRIETOR ADOPTING NAME OTHER THAN HIS/HER OWN ALSO OTHERWISE KNOWN AS A *DBA* (Title 31A, MRSA §2)

The above signed hereby certifies that he/she is a resident of: _____, and declares their intent to operate the above-mentioned business, as a **SOLE PROPRIETOR** in the **Town of Orono**

Contact Phone: _____ Email: _____

CERTIFICATE OF PARTNERSHIP (P) ADOPTING NAME OTHER THAN THEIR OWN ALSO OTHERWISE KNOWN AS A *DBA* (Title 31, MRSA §1)

The above signed hereby certifies that their Partnership consists of the following individuals.

Name: _____ Resident of: _____ Cell: _____

Name: _____ Resident of: _____ Cell: _____

Name: _____ Resident of: _____ Cell: _____

Please add any additional Partners on a separate page

The persons listed above hereby certifies and declares their intent to operate the above-mentioned business, as **PARTNERS/ASSOCIATES** in the **Town of Orono**

Contact Phone: _____ Email: _____



**CERTIFICATE OF LIMITED PARTNERSHIP (LP) ADOPTING NAME
OTHER THAN THEIR OWN ALSO OTHERWISE KNOWN AS A DBA (Title 31, MRSA §1)**

The above signed hereby certifies that their Limited Partnership General Partners consists of the following individuals.

Name: _____ Resident of: _____

Name: _____ Resident of: _____

The person(s) listed above hereby certifies and declares their intent to operate the above-mentioned business, as **LIMITED PARTNERS/ASSOCIATES** in the **Town of Orono**

Contact Phone: _____ Email: _____

Additional notes regarding business for the public record:

ATTESTATION OF RECORDING

I attest this business has registered their business name, having stated their intent to operate business within the Town of Orono, Maine. Per this signature, this document shall be recorded and kept in the Town Record for public inspection, per Maine state statute.

Date: _____

Municipal Clerk Signature

TOWN OF ORONO WITHDRAWAL / CLOSING RECORD

Informant: _____ **Method:** Phone / Email / Mail / In-Person

As a result of this withdrawal, the Informant affirms that the business was:

Dissolved Sold/Transferred Relocated Other: _____

Contact Phone: _____ Date: _____ Clerk: _____