



## DBA, L, LP BUSINESS NAME REGISTRATION

STATE OF MAINE: Title 31, Chapter 1: MERCANTILE PARTNERSHIPS AND ASSUMED BUSINESS NAMES; 31 §1. Filing of certificate; certificate of withdrawal; 31 §2.  
Business under assumed name; filing of certificate

Any person(s) operating a business with a DBA, L, LP classification within Blue Hill's boundaries must register with the town. 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: \_\_\_\_\_

Map and Lot: \_\_\_\_\_ Website Address: \_\_\_\_\_

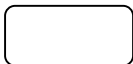
Type of Business: \_\_\_\_\_ sale of goods/merchandise \_\_\_\_\_ labor/services \_\_\_\_\_ online/website  
\_\_\_\_\_ mobile/transient/in-home sales \_\_\_\_\_ consulting/freelance work \_\_\_\_\_ medical/personal care  
\_\_\_\_\_ OTHER, explain: \_\_\_\_\_

Is your business registered with the State: YES or NO. When is your opening date? \_\_\_\_\_

Dated on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

Signature

\$10 Municipal Fee Date Paid: \_\_\_\_/\_\_\_\_/20\_\_\_\_ 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 Blue Hill.

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 Blue Hill.

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 Blue Hill

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 Blue Hill, 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

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: \_\_\_\_\_