

New Jersey Division of Revenue
Application for Reservation of Name

Pursuant to the laws of the State of New Jersey, the undersigned applicant hereby applies for the reservation of a business name for (check one):

- For-Profit Corporation (Title 14A)
- Non-Profit Corporation (Title 15A)
- Limited Partnership (Title 42:2A)
- Limited Liability Company (Title 42:2B)
- Limited Liability Partnership (Title 42:1)

The business name to be reserved is:

OR,

The business name to be reserved is the first available name among the three names below:

- 1)
- 2)
- 3)

Applicant's Address

Street: _____ City: _____ State: _____ Zip: _____

Applicant's Name (type): _____

Applicant's Title: _____

Applicant's Signature: _____

Date: _____

This reservation will be effective for 120 days subsequent to acceptance and filing in the State Treasurer's Office, and may be renewed, transferred or canceled. The person who signs this document will have ownership of the reserved name.

Instructions for Form UNRR-1

APPLICATION FOR RESERVATION OF NAME

STATUTORY FEE: **See Below**

The MANDATORY fields are:

Business Type

Choose the business type/statutory authority under which you are filing:

- \$50 For-Profit Corporation (Title 14A)
- \$50 Non-Profit Corporation (Title 15A)
- \$50 Limited Partnership (Title 42:2A)
- \$50 Limited Liability Company (Title 42:2B)
- \$50 Limited Liability Partnership (Title 42:1)

Name

List the business name to be reserved. Provide up to three names with the first available to be reserved.

**The name must be distinguishable from other names on the State's database. The Division of Revenue will check the proposed name for availability as part of the filing review process.

Applicant's Address

List the applicant's address.

Applicant's Name

List the name of the person for whom the business name is being reserved.

Applicant's Title

List the applicant's title.

EXECUTION (Applicant's Signature/Date)

The applicant must sign and date the application.

Once the application is accepted and filed in the State Treasurer's Office, the applicant will obtain ownership of the reserved name. If someone other than the applicant is preparing this document, make sure that the applicant's information and signature are provided.

These documents should be filed in duplicate. Non-profits should file in triplicate.
Make checks payable to: TREASURER, STATE OF NEW JERSEY. (No cash, please)

Mail to: NJ Division of Revenue, PO Box 308, Trenton, NJ 08646
FAX File: 609.984.6851 (Fax Filing is an optional expedited service subject to processing fees that are in addition to those stated above. For FAX Filing information, visit <http://www.state.nj.us/treasury/revenue/dcr/programs/ffs.html>.)