



**State of Maryland Department of Assessments and Taxation  
CORPORATE NAME RESERVATION APPLICATION FOR RE-RESERVATION  
PURSUANT TO THE MARYLAND CODE**

TO: THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
RE: DEPARTMENT ID# V  
PLEASE RE-RESERVE, IF AVAILABLE, THE FOLLOWING ENTITY NAME:

\_\_\_\_\_  
(List name to be re-reserved with the appropriate ending here; e.g., Inc, LLC, LLP.)

FOR THE EXCLUSIVE PERIOD OF 30 DAYS PURSUANT TO THE MARYLAND CODE, THE UNDERSIGNED BEING THE PERSON INTENDING TO FORM AN ENTITY AND ADOPT THE ABOVE RE-RESERVED NAME, HEREBY EXECUTES THIS APPLICATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D.

**NAME AND ADDRESS OF APPLICANT:**

*(If reserving for a company or firm, please list the firm or company name and have a contact person added in the address.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_  
Signature of Applicant

Name: \_\_\_\_\_  
Print or Type Name

NOTE: A fee of \$25.00 must accompany this application.

Check here for expedited service, an additional fee of \$20.00 is required.