

**DBT**KANSAS SECRETARY OF STATE  
Kansas Business Trust Application

# INSTRUCTIONS FOR FILING KANSAS BUSINESS TRUST APPLICATION

SUBMIT THE DOCUMENTS  
WITHOUT THIS PAGE

**Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.**

## How to complete the Kansas Business Trust Application:

Before proceeding, a copy of the trust instrument will need to be submitted with the business trust application. The application can't be accepted without the trust instrument.

Each of the numbered instructions below corresponds to a section on the form.

### 1. Provide the name of the business trust.

The name of the business trust on the application must match identically to the name of the trust as it appears on the copy of the trust instrument.

Check to see if the name of the covered business entity is in use by any other business entity already registered with our office online at <https://www.sos.ks.gov/eforms/BusinessEntity/NameAvailability.aspx>.

If the name is currently in use, either a Written Consent to Use of Similar Business Name or a letter advertising must be submitted with the formation document.

Consent to Use of Similar Business Name: Pursuant to K.S.A. 17-7918, the business may submit a Written Consent to Use of Similar Business name (Form CN), completed by the business registered with the Secretary of State's office, found at [https://www.sos.ks.gov/forms/business\\_services/CN.pdf](https://www.sos.ks.gov/forms/business_services/CN.pdf).

### 2. Provide the name of the resident agent.

Resident agent: This is either an individual or a business entity registered in Kansas (may be the business entity the business trust application is for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business entity named in section 1. If the resident agent is a business entity, search for the legal name of the business at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.

### 3. Provide the registered office for the resident agent.

Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This can't be a PO box.

### 4. Provide the names and addresses of each of the trustees.

### 5. The business trust application must be signed by an authorized person for the business entity.

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**Fee Schedule**

**Business Trust Application**

The filing fee for the business trust application is as follows:

Business Trust Application:..... \$65

**Mail to:**

Kansas Secretary of State  
Memorial Hall, 1st Floor  
120 SW 10th Avenue  
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Once processing the business trust application are completed, a certified copy of the articles of organization will be mailed to the address of the sender.

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**COVER PAGE  
KANSAS BUSINESS TRUST  
APPLICATION**

*Note: The credit/debit card information will be destroyed upon the filing of the document.*

**Contact Information**

**Contact Person**

**Direct Phone Number for Contact Person**

**Payment Information**

**Credit/Debit Card Number**

**Expiration Date**

**Billing Zip Code**

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**KANSAS SECRETARY OF STATE  
Kansas Business Trust Application**



Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@sos.ks.gov  
<https://sos.ks.gov>

**Note: A copy of the trust instrument and all amendments must accompany the application.**

**Instructions: All information must be completed and accompanied by the correct filing fee or this document will not be accepted for filing.**

**1. Name of business trust:**

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**2. Name of resident agent:**

Must be an individual, the business entity named in section 1, or an entity already registered with our office. **Do not leave blank.**

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**3. Registered office in Kansas for the resident agent:**

Must be a street, rural route, or highway. **A PO box is unacceptable.**

Address (A PO Box is unacceptable)

City	State	Zip

**4. Name and mailing address of the trustees:**

Name 1			
Address			
City	State	Zip	Country
Name 2			
Address			
City	State	Zip	Country
Name 3			
Address			
City	State	Zip	Country
Name 4			
Address			
City	State	Zip	Country

**Do not leave blank.**

If additional space is needed, please provide attachment.

**5. I declare under penalty of perjury under to the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee.**

Signature of Authorized Person

X