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 business is in use by any other business already registered online at https://www.sos.ks.gov/eforms/BusinessEntity/NameAvailability.aspx.

   If the name is currently in use, a Consent to Use of Similar Business Name 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 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.

2. Provide the name of the resident agent.

   Resident agent: This must be either an individual, a business registered in Kansas, or the business itself who will receive any legal documents (i.e. subpoenas, court orders, summons, etc.) for the business named in section 1. If the resident agent is a business, 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.

Please continue to next page.

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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
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Once processing the Business Trust Application is completed, a certified copy of the Business Trust Application will be mailed to the address of the sender.

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Kansas Attorney General Notice

Effective July 1, 2025, it is required for businesses or individuals owning or acquiring any interest in real property located within 100 miles of the boundary of any military installation located in Kansas, Nebraska, Colorado, Oklahoma, Iowa, and Texas to register said interest with the Kansas Attorney General's Office.

The following are subject to this requirement:

The government, any political party or subdivision, any corporate entity, any agent, or any citizen of the following:

- People's Republic of China (including the Hong Kong special administrative region)
- Republic of Cuba
- Islamic Republic of Iran
- Democratic People's Republic of Korea
- Russian Federation
- Bolivarian Republic of Venezuela
- Any organization that is designated as a foreign terrorist organization

This includes any individual having a controlling interest in any company formed for the purpose of holding interest in real property on behalf of any of the foregoing.

Any of the above businesses or individuals owning an interest in real property described above must submit the Foreign Principal Real Property Interest Registration Form found on the Attorney General's website at https://www.ag.ks.gov to the Kansas Attorney General on or before 90 days of either registering with the Kansas Secretary of State or upon acquisition of the real property.

Contact for Questions:

Kansas Attorney General
Public Protection Division
(785) 296-3751
cprotect@ag.ks.gov

Please proceed to form.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

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

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV **(3 or 4 digit security code on back of card)**

Billing Zip Code

DBT

KANSAS SECRETARY OF STATE

Kansas Business Trust Application

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

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

Print | Reset

Please complete the form, print, sign and mail to the Kansas Secretary of State with the filing fee. Selecting 'Print' will print the form and 'Reset' will clear the entire form.

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

1. Name of business trust:

(Do not include DBA, fictitious, assumed, or trade names)

2. Name of resident agent:

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

If naming a business registered with the Kansas Secretary of State as the resident agent, that business must match identically to the name on file.

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

K.S.A. 17-2030
Rev. 1/23/26 tc

Please continue to next page.

4. Name and mailing address of the trustees:

Do not leave blank.

If additional space is needed, please provide attachment.

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

5. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Authorized Person

X

Please review to ensure completion.