

New Jersey Division of Revenue
Cancellation of Name Reservation

Pursuant to the laws of the State of New Jersey, the undersigned hereby applies to cancel the name reservation for the following business name:

(Business Name With Designator – i.e. Corp., Inc., LLC, LP, etc.)

Applicant's Name (type):

Applicant's Title:

Applicant's Signature:

Date:

Instructions for Form UNRR-6

CANCELLATION OF RESERVED NAME

STATUTORY FEE: **\$50**

The MANDATORY fields are:

Name

List the reserved name being canceled, including the appropriate designator. For example, LLC, INC., etc. (must be a current, filed/active, reserved name).

Applicant Name

List the name of the person for whom the business name is currently reserved. The name must be the person listed as the applicant or transferee on the current, filed/active, name reservation.

EXECUTION (DATE/SIGNATURE)

The applicant must sign and date the application.

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