



COUNTY OF CLINTON

Office of Clerk & Recorder
P.O. Box 308 – 850 Fairfax Street, Carlyle, IL 62231

Vicky Albers – Clerk & Recorder

[618] 594-6620
Fax [618] 594-0195

ASSUMED BUSINESS NAME APPLICATION FILING INSTRUCTIONS

The Assumed Business Name Act 805 ILCS 405/1 requires individuals conducting or transacting a business under any name other than the real names of the owner to file an Assumed Name Certificate with the County Clerk in the county in which the business is located. If the business is a corporation, incorporated or LLC, you will not file with the County Clerk. Corporations and Limited Partnerships will file with the Illinois Secretary of State 217-782-7880.

1. Complete the Assumed Business Name Application. Please type or print.
2. All persons owning, conducting or transacting this business must sign the form in the presence of a Notary Public.
3. Make a copy of the application for the newspaper and a copy for your files.
4. Take copy of the completed application to a Clinton County newspaper for publication. It will be published for three consecutive weeks. The cost of the publication is yours to assume.
5. Return the original application and \$5.00 to the County Clerk's Office.
6. The newspaper will file in the County Clerk's Office a certificate of publication after the third week of the publication notice.

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads "Vicky Albers".

Vicky Albers
Clinton County Clerk

ASSUMED BUSINESS NAME APPLICATION

STATE OF ILLINOIS}

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County of Clinton }

This is to certify that the undersigned is (are) conducting and transacting a _____

_____ business under the name of _____
(business name)

at the following post office address:

(business street address)

(city, state, zip code)

The true and real full names of all persons owning, conducting or transacting business at such post office address are as follows:

(name)

(name)

(home street address)

(home street address)

(city, state, zip code)

(city, state, zip code)

(phone #)

(phone#)

Dated this _____ day of _____, _____

Signature(s)

STATE OF ILLINOIS }

ss

County of _____ }

I, _____, a Notary Public in

and for said County and State, do hereby certify that _____

personally known to be the same person(s) whose name(s) appear above and has(have) appeared before me this day and acknowledged that the statements contained therein are true.

(Notary Seal)

Notary Public Signature