

Debbie Gillette Kendall County Clerk & Recorder 502 S. Main St. Yorkville, Illinois 60560 630-553-4104

For Office Use Only:
Certificate No
Filing Date:/
50 Day Deadline:
Clerk's Initials:

ASSUMED BUSINESS NAME APPLICATION

Name of Business:			
Nature of Business:			
Address where business is to be	e conducted or tra	nsacted in this county:	
(Business Street Address)	(City, State, Zip)	(phone)
Name (s) and residence address	s(es) of the person	n(s) owning, conducting or transacti	ng business:
(Print Owners Name)		(Print Owners Name)	
(Home Street Address)		(Home Street Address)	
(City, State, Zip)	(Phone)	(City, State, Zip)	(Phone)
(Print Owners Name)		(Print Owners Name)	
(Home Street Address)		(Home Street Address)	
(City, State, Zip) (F	Phone)	(City, State, Zip)	(Phone)
STATE OF ILLINOIS COUNTY OF KENDALL			
		conduct the above named business from the acting the business is/are correct as shown	
(Signature)		(Signature)	
(Signature) The foregoing instrument	was acknowledged	(Signature) I before me by the person(s) intending	to conduct the business this

[SEAL]

Signature of the County Clerk –or- Notary Public