

Karen Kinney
Rock Island County Clerk
Co. Office Bldg., 1504-3 Ave.
Rock Island IL 61201 (309) 558-3569
www.ricountyclerk.org

For Office Use Only

Certificate No.: _____

Filing Date: _____

50 Day Deadline: _____

Clerk's Initials: _____

ASSUMED BUSINESS NAME APPLICATION

Name of Business: _____

Nature of Purpose: _____
(Describe the service or type of business)

Address(es) where business is to be conducted or transacted in this county:

(Business Street Address) (City, State, Zip) (Phone)

(Post Office or other Mail Only Address) (City, State, Zip) (Phone)

Name(s) and residence address(es) of the person(s) owning, conducting or transacting business:

(Print Onwer's Name)

(Home Street Address)

(City, State, Zip) (Phone)

(Print Onwer's Name)

(Home Street Address)

(City, State, Zip) (Phone)

(Print Onwer's Name)

(Home Street Address)

(City, State, Zip) (Phone)

(Print Onwer's Name)

(Home Street Address)

(City, State, Zip) (Phone)

STATE OF ILLINOIS }
COUNTY OF ROCK ISLAND }

This is to certify that the undersigned intend(s) to conduct the above named business from the location(s) indicated and that the true and legal full name(s) of person(s) owning, conducting or transacting the business is/are correct as shown.

(Signature)

(Signature)

(Signature)

(Signature)

The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business this day _____ day of _____, 20 _____.

(SEAL)

(Signature of Notary Public)