



Debbie Gillette
 Kendall County Clerk & Recorder
 111 West Fox Street
 Yorkville, Illinois 60560
 630-553-4104

<p>For Office Use Only:</p> <p>Certificate No. _____</p> <p>Filing Date: ____/____/____</p> <p>50 Day Deadline: _____</p> <p>Clerk's Initials: _____</p>

ASSUMED BUSINESS NAME APPLICATION

Name of Business: _____

Nature of Business: _____

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

_____ (Business Street Address) (City, State, Zip) (phone)

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

 (City, State, Zip) (Phone)

STATE OF ILLINOIS
 COUNTY OF KENDALL

This is to certify that the undersigned intend(s) to conduct the above named business from the location(s) indicated and that the true or legal full names(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 of _____, 20____.

[SEAL]

 Signature of the County Clerk –or- Notary Public