Theresa Moore

Logan County Clerk and Recorder

601 Broadway Street, Room 20, Lincoln, IL 62656

Assumed Business Name Certificate of Intent (Application)

(Filing fee of $10.00)

Please print

Name of Business: _____

Nature of Business: _____

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

_____

(Business Street Address) (City/State) (Phone)

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

Please print

_____
(Owner's Name)

_____
(Home Street Address)

_____
(City) (State) (Zip) (Phone)

_____
(Owner's Name)

_____
(Home Street Address)

_____
(City) (State) (Zip) (Phone)

_____
(Owner's Name)

_____
(Home Street Address)

_____
(City) (State) (Zip) (Phone)

Public Act 101-0475

If you have a home-based business and you feel that your well-being will be at risk, please check the box below. Please note: You will need to show a court order or a police report.

*See 805 ILCS 405/1a for more information

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STATE OF ILLINOIS)
)
COUNTY OF LOGAN)

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

_____
(Signature) (Date)

_____
(Signature) (Date)

_____
(Signature) (Date)

_____
(Signature) (Date)

(For office use only) Filing Date _____ Driver's License/ID _____

50 Day Filing Deadline _____