

STACY LOAR-PORTER

County Clerk

Administration Center
701 Main St, St. Joseph, MI 49085



Tel: 269-983-7111, ext. 8233
Fax: 269-982-8667

FOR OFFICE USE ONLY

Certificate No. _____

Expiration Date: _____

CERTIFICATE OF ASSUMED NAME (DBA)

The undersigned, hereby certifies that the following person (or persons) carries on, conducts or transacts business in the County of Berrien, State of Michigan, under the business name, as stated below:

1. This is an **Original** ☐ (or) a **Renewal** ☐ Certificate (check one).
2. Name of Business: (please print) _____
3. Street Address of Business: _____
4. City, State, Zip: _____
Telephone: (_____) _____
Mailing Address: (if different) _____
5. Type or Kind of business: _____
6. Full legal name(s) of person(s) carrying on, conducting or transacting the above business, and residence address of each:
NAME OF PERSON(S) RESIDENCE ADDRESS (Street, City, State and Zip)

7. If your business includes "Trusts or Fiduciaries," please see Page 2 before signing.
8. Signatures of all persons listed above must be signed below (in the presence of a Notary Public if mailing in form.)

If returning this form in person to our office, and all owners are present, you do not have to have it notarized.

STATE OF MICHIGAN)
COUNTY OF BERRIEN)

Subscribed and sworn to before me this _____ day of _____, 20____
by person(s) listed above.

Signature of Notary _____

Printed name of Notary _____

Notary Public _____ County, Michigan

Commission expiration _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

NAME OF BUSINESS: _____

STATE OF MICHIGAN)
COUNTY OF BERRIEN)

I, Stacy Loar-Porter, Clerk of Berrien County and the Circuit Court thereof, do hereby certify that I have compared the within copy of Assumed Name Certificate with the original record filed in my office, and the same is a true and correct copy thereof and of the whole of such original certificate.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court this
_____ day of _____, 20____.

Stacy Loar-Porter, Berrien County Clerk

By _____ Deputy County Clerk

NOTE: This Certificate must be renewed within five (5) years from date of filing. If you change your address, you must notify this office. If the owner above changes, you must file a Certificate of Discontinuance and file a new DBA Certificate. If you discontinue your business, you must file a Certificate of Discontinuance.

**This side should be completed only by the following trusts, fiduciaries
or other entities capable of contracting.**

A. TRUST AND FIDUCIARIES

1. Date of last will and testament: _____
or trust agreement: _____
2. In what court: _____
3. If a will, date of admission to Probate: _____
4. Each trustee or fiduciary must provide their name(s) and address(es):

Name

Address (Street, City, State and Zip)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of person completing above

Title

STATE OF MICHIGAN)
COUNTY OF BERRIEN)

Subscribed and sworn to before me this _____ day of _____, 20____.
by person listed above.

Signature of Notary _____

Printed name of Notary _____

Notary Public _____ County, Michigan

Commission expiration _____