

Bruce Clark
Kankakee County Clerk

189 East Court Street
Kankakee, Illinois 60901
(815) 937-2990

ASSUMED BUSINESS NAME APPLICATION

Name of Business: _____

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

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

(legal street address) (city, state, zip) (phone)

(post office or other mail only address) (city, state, zip) (phone)

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

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

STATE OF ILLINOIS)
COUNTY OF KANKAKEE)

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 the person(s) owning, conducting or transacting the business is/are correct as shown.

(signature) (date) (signature) (date)

(signature) (date) (signature) (date)

For Office Use Only

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

Notary Public (signature)
(Seal)

Bruce Clark

Kankakee County Clerk

189 East Court Street
Kankakee, IL 60901
815/937-2900

ASSUMED BUSINESS NAME APPLICATION FILING INSTRUCTIONS

NECESSITY OF CERTIFICATE

The following is an excerpt from Chapter 805 of the Illinois Compiled Statutes 405/1:

No person or persons shall conduct or transact business in this State under an assumed name, or under any designation, name or style, corporate or otherwise, other than the real name or names of the individual or individuals conducting or transacting such business, unless such person or persons shall file in the office of the County Clerk of the County in which such person or persons conduct or transact or intend to conduct or transact such business, a certificate setting forth the name under which the business is, or is to be, conducted or transacted, and the true or real full name or names of the person or persons owning, conducting or transacting the same, with the post office address or addresses of such person or persons and every address where such business is, or is to be, conducted or transacted in the county. The certificate shall be executed and duly acknowledged by the person or persons so conducting or intending to conduct the business.

NOTE: CORPORATIONS AND LIMITED PARTNERSHIPS FILE WITH THE SECRETARY OF STATE. YOU SHOULD SEEK LEGAL ADVICE TO DETERMINE WHAT FILINGS ARE NECESSARY IN SUCH CASES.

FILING PROCEDURES

1. Complete the Assumed Business Name Application. Please type or print in black ink.
2. All owners must sign the form in the presence of a Notary Public and have signature(s) notarized.
3. Return the forms to our office with the \$5.00 filing fee. A receipt for filing will be issued.
4. Take publication notice to a Kankakee County newspaper for publication once a week for three consecutive weeks. The first publication must appear in the newspaper within fifteen days after the date you filed the form in our office. The newspaper will typeset the legal notice from the publication notice.
5. File the original "certificate of publication" (issued by the newspaper after the third week) with our office within fifty (50) days of the date you filed the Assumed Business Name Application in our office (steps 1, 2 & 3 above).

We will issue a certificate of ownership.

UNLESS PROOF OF PUBLICATION IS FILED WITH THE COUNTY CLERK, THE APPLICATION OF THE ASSUMED BUSINESS NAME IS VOID.

SUPPLEMENTARY ASSUMED BUSINESS NAME FILING INSTRUCTIONS

NECESSITY OF CERTIFICATE

The appropriate Supplementary Assumed Business Name form must be filed under the following circumstances:

1. An owner changes his name or his residential address.
2. The address of any place of business is changed.
3. A person's name is added to the business organization.
4. An additional business address is established.
5. A person withdraws his name from the business organization.

FILING PROCEDURES FOR SUPPLEMENTARY FILINGS

1. Complete the appropriate Supplementary Assumed Business Name form. Please type or print in black ink.
2. Sign the form in the presence of a Notary Public and have signature(s) notarized.
3. Return the forms to our office with the \$5.00 filing fee except when filing a withdrawal certificate in which case the fee is \$1.50. A receipt will be issued.
4. Take your publication notice to a Kankakee County newspaper for publication once a week for three consecutive weeks. The first publication must appear in the newspaper within fifteen days after the date you filed the form in our office. The newspaper will typeset the legal notice from your publication notice. (Publication is not necessary for a Supplementary Certificate for Withdrawal if less than 25% of the ownership is withdrawing).
5. File the original "certificate of publication" (issued by the newspaper after the third week) with office within fifty (50) days of the date you filed the supplementary form in our office.

**UNLESS PROOF OF PUBLICATION IS FILED WITH THE COUNTY CLERK, THE
SUPPLEMENTARY FORM OF THE ASSUMED BUSINESS NAME IS VOID.**

Bruce Clark
Kankakee County Clerk

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Kankakee, Illinois 60901
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ASSUMED BUSINESS NAME
ADDITION OF OWNER(S) TO
BUSINESS

Name of Business: _____

Original Date Filed: _____

STATE OF ILLINOIS)
COUNTY OF KANKAKEE)

This is to certify that the person(s) listed below is/are to be added to the list of person(s) owning, conducting or transacting business to the above named business effective _____, 20_____:

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(signature) (signature)

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(signature) (signature)

For Office Use Only

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

Notary Public (signature)
(Seal)

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Kankakee County Clerk

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**ASSUMED BUSINESS NAME
WITHDRAWAL OF OWNER(S)
OR CANCELLATION**

Name of Business: _____

Original Date Filed: _____

STATE OF ILLINOIS)
COUNTY OF KANKAKEE)

This is to certify that the person(s) listed below has/have ceased doing business under the assumed name or has/have no further connection with or financial interest in said business. Withdrawal shall be effective _____, 20_____:

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(signature) (signature)

(name) (name)

(street) (street)

(city, state, zip) (phone) (city, state, zip) (phone)

(signature) (signature)

For Office Use Only

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

Notary Public (signature)
(Seal)

