

**APPLICATION FOR  
ASSUMED NAME CERTIFICATE OF INTENTION**

No.: \_\_\_\_\_

(PLEASE PRINT)

NAME OF BUSINESS: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS PHONE NUMBER: \_\_\_\_\_  
DESCRIPTION OF BUSINESS: \_\_\_\_\_  
ACQUIRED OR NEW: \_\_\_\_\_  
IF ACQUIRED, FROM WHOM: \_\_\_\_\_

**OWNERS AND THEIR ADDRESSES ARE:**

<u>NAME</u>	<u>PHONE #</u>	<u>POST OFFICE ADDRESS</u> (Street, City, State, Zip Code)

Dated: \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURES OF ALL OWNERS:**

The undersigned hereby certifies that all the information for the above business, and the full name(s) and address(es) of the person(s) owning, conducting, or transacting said business is true and correct.

\_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS     )  
  )  
COUNTY OF MOULTRIE    )     ss

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

\_\_\_\_\_  
Notary Public/Clerk  
(strike through the one that does not apply)