

**MACOUPIN COUNTY
ASSUMED BUSINESS NAME APPLICATION**

Name of Business: _____

Nature of Business: _____

(Describe the service or type of business)

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

(Business Street Address) (City, State, Zip Code)

(Post Office or other Mail Only Address) (City, State, Zip Code)

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

(Print Owner's Name) (Print Owner's Name)

(Home Street Address) (Home Street Address)

(City, State, Zip) (City, State, Zip)

(Print Owner's Name) (Print Owner's Name)

(Home Street Address) (Home Street Address)

(City, State, Zip) (City, State, Zip)

STATE OF ILLINOIS
COUNTY OF MACOUPIN

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

(Signature) (Signature)

(Signature) (Signature)

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

(Notary Public)