



COOK COUNTY CLERK'S OFFICE
VITAL RECORDS

ASSUMED BUSINESS NAME (DBA) APPLICATION

STATE OF ILLINOIS)

Registration Number: _____
(For Office Use Only)

COUNTY OF COOK)

A. Is your business a Corporation (excluding Professional), LLC, LLP or a Non-Profit?

☐ **No** - please complete the form below.

If yes, please register with the Secretary of State, Corporate Division. The Cook County Clerk's office does not file Corporations, LLC, LLP or Non-Profit organizations.

If registering your Assumed Business Name with the ending of PC, SC or LTD, the entity must be a registered professional service corporation with the Illinois Secretary of State's Office and at the time of filing must provide the following:

1. Articles of Incorporation from the Illinois Secretary of State's Office, if in business for less than one year
2. Certificate of Good Standing from the Illinois Secretary of State's Office, if in business for more than one year

B. Contact Information *(Your application will not be processed if all required fields (*) below are not completed.)*

Contact First Name *	
Contact Last Name *	
Contact Email *	
Contact Phone *	

Address 1 *	
Address 2	
City *	
State *	
Zip *	

C. Assumed Business Name

The undersigned is/are conducting or transacting business under the Assumed Business Name of: _____

D. Nature of Business

The nature of business conducted or transacted is (be descriptive): _____

E. Business Addresses within Cook County

Cook County Address 1	Address 2 (apt., suite, unit)	City	Zip

F. Business Owner(s)/Partner(s)

The true and real full names of all new person(s) owning, conducting or transacting the business are as follows *(add notarized attachment for additional owner(s)/partner(s))*:

Partner Full Name	Partner Type (Individual, Company or Trust)	Trust/Company (If trust or company)	Title (If company)	Complete Address (Include city, state, zip / if individual, list residential address)

Cedric Giles, Cook County Clerk
Vital Records, PO BOX A3390, Chicago, Illinois 60690
Attn: DBA Unit

The Assumed Business Name application fee is **\$50.00**. The application fee is non-refundable.

Please make all checks payable to **Cook County Clerk** for \$ _____

Dated this _____ day of _____ 20____

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

Signature _____

Print Name _____

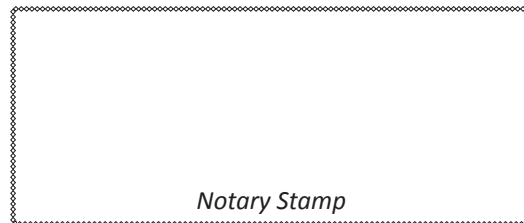
Signature _____

I, _____ a Notary Public in and for said County of State, do hereby certify that
(record owner(s)/partner(s) name(s) below)

is/are personally known to me to the same person(s) whose name(s) subscribed to the foregoing instrument appear before me this day in person and acknowledged that he/she/they has/have read and signed said instrument and that each of the statements contained, and each thereof, are true.

My commission expires on the _____ day of _____ 20____

Signature of Notary Public _____





COPY OF LEGAL NOTICE TO BE PUBLISHED

Notice is hereby given, pursuant to "An Act in relation to the use of an Assumed Business Name in the conduct or transaction of Business in the State," as amended, that a certification was registered by the undersigned with the County Clerk of Cook County.

Registration Number: _____ on the _____
(For Office Use Only)

Under the Assumed Business Name of _____

with the business located at _____

The true and real full name(s) and residence address of the owner(s)/partner(s) is:

Owner/Partner Full Name	Complete Address (Include city, state, zip / if individual, list residential address)