

KRISTY A. MASCHING
County Clerk and Recorder
LIVINGSTON COUNTY
112 W. MADISON STREET, PO BOX 618
PONTIAC, ILLINOIS 61764-1871
PH: (815) 844-2006
FAX: (815) 842-1844

Changes Effective 3-2-2022

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, 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. Please call The Secretary of State's Office to determine if you are able to use the chosen Business LLC Name at: 1-217-782-6961

FILING PROCEDURE:

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 it notarized.
3. Return the form to the Livingston County Clerk's Office with the \$14.00 filing fee. We will give you an Assumed Name Publication Notice for filing.
4. Take the Notice to a Livingston 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 Notice.
5. File the original "Certificate of Publication" 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). The Certificate of Publication is issued by the newspaper after the third week. If you do not receive it shortly thereafter, contact the newspaper. Sometimes they will mail the Certificate of Publication to our office.
6. The Assumed Business Name Certificate will be issued and mailed to the Owner's Residence.

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

**When needing to submit a Notice of Publication for an Assumed Business Name to the Daily Leader or The Blade, please email them at: legals@pontiaddailyleader.com along with an address and phone number to create an account. Once the team has everything, the proof will be sent over and payment can be processed over the phone. For The Paper in Dwight call 815-584-1901 or visit their office at:

204 E. Chippewa St, Dwight, IL 60420

KRISTY A. MASCHING

County Clerk and Recorder
LIVINGSTON COUNTY
112 W. MADISON STREET, PO BOX 618
PONTIAC, ILLINOIS 61764-1871
PH: (815) 844-2006
FAX: (815) 842-1844

**SUPPLEMENTARY ASSUMED BUSINESS NAME
FILING INSTRUCTIONS**

NECESSITY OF CERTIFICATE:

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

1. 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 it notarized.
3. Return the forms to the County Clerk's office with the \$14.00 filing fee. An Assumed Name Publication Notice is issued.
4. Take the Notice to a Livingston County newspaper for publication once a week for three consecutive weeks. The first publication must appear in the newspaper within fifteen (15) days after the date you filed the form in our office. The newspaper will typeset the legal notice from your Assumed Name 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" with our office within fifty (50) days of the date you filed the Supplementary Application in our office (steps 1,2 & 3 above). The Certificate of Publication is issued by the newspaper after the third week. If you do not receive it shortly thereafter, contact the newspaper. Sometimes they will mail the Certificate of Publication to our office.

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

KRISTY A. MASCHING

County Clerk and Recorder
LIVINGSTON COUNTY
112 W. MADISON STREET, PO BOX 618
PONTIAC, ILLINOIS 61764-1871
PH: (815) 844-2006
FAX: (815) 842-1844

WHY DO I NEED TO FILE AN ASSUMED NAME CERTIFICATE?

The Illinois Business Code requires businesses to file Assumed Name Certificates. Also, most banks will not allow a business account to be opened without a proper filing.

The filing of an Assumed Name Certificate of registration of a company name imparts no real protection to the party filing. It is a formal process that informs the general public of the registered agent, and with whom official contact with the business can be made.

To find out more about the Assumed Business Names Act check 805 ILCS 405/Assumed Business Name Act.

For more information on starting a Small Business in Illinois, please see this IRS website:

<http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Checklist-for-Starting-a-Business>

KRISTY A. MASCHING
Livingston County Clerk & Recorder
112 W. MADISON ST., PO BOX 618
PONTIAC, IL 61764-1871

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 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 LIVINGSTON)

This is to certify that the undersigned intend(s) to conduct the above business from the location(s) indicated and that the true and legal full names(s) of the person(s) owning, conducting or transacting the business is/are correct as shown.

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

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

The foregoing instrument was acknowledged before me by the person(s) intending to conduct the business

this _____ day of _____ 20 _____.

NOTARY PUBLIC

(signature)

KRISTY A. MASCHING

Livingston County Clerk & Recorder
112 W. MADISON ST., PO BOX 618
PONTIAC, IL 61764-1871

ASSUMED BUSINESS NAME

CHANGE OF OWNERS' LEGAL NAME OR ADDRESS OR BUSINESS ADDRESS CHANGE OR ADDITION

Name of Business: _____

Original Date Filed _____

Owners legal name changed or address
Changed from:

to:

(name)

(name)

(street)

(street)

(city, state, zip)

(phone)

(city, state, zip)

(phone)

Add the following business address:

(street)

(city, state, zip)

(phone)

(STATE OF ILLINOIS
COUNTY OF LIVINGSTON)

This is to certify that the above change(es) to the named business have been made effective _____, 20 ____.

(owner's signature)

(owner's signature)

(street)

(street)

(city, state, zip)

(city, state, zip)

The foregoing instrument was acknowledged before me by the person(s) conducting the business this

_____ day of _____, 20 ____.

NOTARY PUBLIC

(signature)

KRISTY A. MASCHING
Livingston County Clerk & Recorder
112 W. MADISON ST., PO BOX 618
PONTIAC, IL 61764-1871

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

Name of Business: _____

Original Date Filed _____

(STATE OF ILLINOIS
COUNTY OF LIVINGSTON)

This is to certify that the person(s) listed below has/have ceased doing business under the assumed name of has/have no further connection 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)

The foregoing instrument was acknowledged before me by the person(s) withdrawing from the business this _____ day of _____, 20 _____.

NOTARY PUBLIC

(signature)