

# NOTIFICATION OF ASSUMED BUSINESS NAME (DBA) AMENDMENTS

STATE OF ILLINOIS )

COUNTY OF COOK )

**A. Assumed Business Name Information**

<b>Assumed Business Name</b>	
<b>Registration Number</b>	
<b>Primary Address of Business</b>	
<b>Contact Name</b>	
<b>Contact Address</b>	
<b>Contact Phone</b>	

**B. Please indicate with an "X" which modification(s) are being filed**

<input type="checkbox"/> Add Business Address ( <i>complete section C1</i> )	<input type="checkbox"/> Name Change of Owner/Partner ( <i>complete section G</i> )
<input type="checkbox"/> Remove Business Address ( <i>complete section C2</i> )	<input type="checkbox"/> Modify Owner/Partner Address ( <i>complete section H</i> )
<input type="checkbox"/> Modify Nature of Business ( <i>complete section D</i> )	<input type="checkbox"/> Assumed Business Name Cancellation ( <i>complete section I</i> )
<input type="checkbox"/> Adding Business Partner(s) ( <i>complete section E</i> )	<input type="checkbox"/> Certified Application Copy
<input type="checkbox"/> Removing Business Partner(s) ( <i>complete section F</i> )	<input type="checkbox"/> Duplicate Certificate

**C. Business Addresses within Cook County** (*the new business address must be in Cook County*)

	Cook County Address 1	Address 2 (apt., suite, unit)	City	Zip
1. Address to be added				
2. Address to be removed				

**D. Modify Nature of Business**

The modified nature of business conducted or transacted is (be descriptive): \_\_\_\_\_

\_\_\_\_\_

**E. Adding Business Partner(s)** (*the business must publish a new legal notice in a local newspaper, please complete page 3*)

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 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)

**F. Withdrawing Business Partner(s)**

The undersigned is/are the owner(s)/partner(s) of the business referenced above (print names of withdrawing owner(s)/partner(s)). (Sole proprietorships cannot withdraw the existing owner until the Proof of Publication for the new owner/partner is returned and activated.)

**G. Name Change of Owner/Partner** (the owner/partner must submit a copy of proof of legal name change)

The full name of the person(s) meeting legal requirements for a name change who is/are the owner(s)/partner(s) of the business referenced above:

Print New Name \_\_\_\_\_ Formerly Doing Business As: \_\_\_\_\_

Print New Name \_\_\_\_\_ Formerly Doing Business As: \_\_\_\_\_

**H. Modify Owner/Partner Address**

The name of the owner/partner of the business referenced above whom is changing their address:

Owner/Partner Full Name	Former Address (include city, state, zip / if individual, list residential address)	Current Address (include city, state, zip / if individual, list residential address)

**I. Business Name Cancellation** - has cancelled or dissolved as of \_\_\_\_\_

**DAVID ORR, Cook County Clerk**  
**VITAL STATISTICS, P.O. BOX 641070, CHICAGO, IL 60664-1070**  
**ATTN: ASSUMED NAME UNIT**

**Please make all checks payable to "Cook County Clerk David Orr" for \$25.00. The fee is non-refundable.**

*Note: All owner(s)/partner(s) must sign this amendment including the withdrawing partner(s). All signatures must be individually acknowledged by the notary public.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

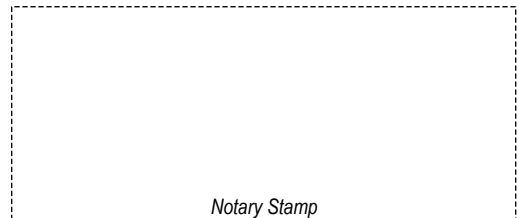
I, \_\_\_\_\_ a Notary Public in and for said County of State, do hereby certify that  
 [record owner(s)/partner(s) name(s) below]

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

is/are personally known to me to be 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 \_\_\_\_\_



Notary Stamp

## COPY OF LEGAL NOTICE TO BE PUBLISHED FOR ADDITION OF PARTNER(S)

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)*

This form needs to be completed ***only*** when adding a business partner(s).

Under the Assumed Business Name of \_\_\_\_\_  
with the business located at \_\_\_\_\_

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

<b>Partner Full Name</b>	<b>Complete Address</b> <small>(include city, state, zip / if individual, list residential address)</small>