



OFFICE OF GENEVIEVE MARTINEZ

COUNTY CLERK, WILSON COUNTY, TEXAS

ASSUMED NAME RECORDS CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

(1)NAME OF BUSINESS: _____

(Please type or print clearly)

(2)ADDRESS OF BUSINESS: _____

(3)CITY: _____ (4) STATE: _____ (5) ZIP CODE: _____

(6)Number of years business will be active, not to exceed 10 years: _____

(7) Please select your type of Business:

_____ Individual _____ General Partnership _____ Other _____
(if other, **must** specify)

(8)NAME OF OWNER (1): _____
(first) (middle) (last)

(9)ADDRESS OF RESIDENCE: _____

(10)CITY: _____ (11)STATE: _____ (12)ZIP CODE: _____

(13)SIGNATURE OF OWNER (1) _____
(sign in front of notary)

(14)NAME OF OWNER (2): _____
(first) (middle) (last)

(15)ADDRESS OF RESIDENCE: _____

(16)CITY: _____ (17)STATE: _____ (18)ZIP CODE: _____

(19)SIGNATURE OF OWNER (2) _____
STATE OF TEXAS } (sign in front of notary)
COUNTY OF WILSON }

(20)BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared _____

known (or proven) to me to be the person whose name is subscribed in the above statement and acknowledged to me that they executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, _____.

Signature of Notary

Notary Seal

Genevieve Martinez, Wilson County Clerk

By: _____, Deputy

GUIDE FOR COMPLETING THE ASSUMED NAME (D/B/A/) APPLICATION

Type or print all entries on your application clearly

- (1) The name of your business
- (2) Street number and street name of your business location
- (3) City where business is located
- (4) State where your business is located
- (5) 5-digit address mailing zip code of your business
- (6) How many years will your business name stay active, cannot exceed 10 years
- (7) Select your type of business/service (if other, you **must** specify)
- (8) Name of the business owner
- (9) Street number and name of your residence location, no P.O. Box
- (10) City where your residence is located
- (11) State where your residence is located
- (12) 5-digit address mailing code of your residence
- (13) Business owner signs his/her name (in front of Notary)
- (14) - (19) If there are additional owners to be listed, enter their information
- (20) The Notary will sign here

ALL MAILED IN APPLICATIONS MUST BE NOTARIZED.

FEES

Application is \$23.00 dollars; add \$0.50 cents for each additional business owner.
If by mail, please send a self addressed stamped envelope for return of your filed document.

MAILING ADDRESS

Wilson County Clerk
P.O. Box 27
Floresville, TX 78114