

**ASSUMED NAME CERTIFICATE OF OWNERSHIP OF A BUSINESS OR PROFESSION**

**UNINCORPORATED**

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK'S OFFICE

(Chapter 36, Sec. 1, Title 4-Business and Commerce Code)

*THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN THIS CERTIFICATE. ONCE FILED WITH THE COUNTY CLERK, THIS DOCUMENT BECOMES A PERMANENT RECORDS AND MAY BE CHANGED OR AMENDED ONLY BY FILING A NEW CERTIFICATE.*

1. **BUSINESS NAME:** \_\_\_\_\_

**PHYSICAL BUSINESS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

2. **THE PERIOD, NOT TO EXCEED 10 YEARS, DURING WHICH THE ASSUMED NAME WILL BE USED (I.E., "10 YEARS")** \_\_\_\_\_

3. **BUSINESS IS TO BE CONDUCTED AS (check one):**

\_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ Sole Practitioner    \_\_\_\_\_ Joint Venture    \_\_\_\_\_ General Partnership

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

**CERTIFICATE OF OWNERSHIP**

**I/We, the undersigned, are the owner(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below.**

**NAME(S) OF OWNERS**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**RESIDENCE OR MAILING ADDRESS:** \_\_\_\_\_

(City, State, Zip)

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**RESIDENCE OR MAILING ADDRESS:** \_\_\_\_\_

(City, State, Zip)

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**RESIDENCE OR MAILING ADDRESS:** \_\_\_\_\_

(City, State, Zip)

**Warning:** INTENTIONALLY PROVIDING FALSE OR FRADULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 5 YEARS AND/OR FINE OF UP TO \$10,000 (Tx. Business & Commerce Code §71.203; TX. Penal Code §37.10). By signing below, the applicant(s) acknowledges(s) understanding and compliance with the statutes cited.

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

The State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

\_\_\_\_\_  
Known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and under oath, acknowledge to me that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

SEAL