

**ASSUMED NAME (DBA) CERTIFICATE OF OWNERSHIP
FOR UNINCORPORATED BUSINESS OR PROFESSION**

NOTICE: "Assumed Names/DBA" are valid only for a period not to exceed 10 years from the date filed in the County Clerk's Office. THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED NAME/DBA" CERTIFICATE. ONCE FILED WITH THE COUNTY CLERK, THIS DOCUMENT BECOMES A PERMANENT RECORD AND MAY BE CHANGED OR AMENDED ONLY BY FILING A NEW CERTIFICATE. THE COUNTY CLERK MAY REFUSE TO RECORD A CERTIFICATE THAT IS CLEARLY DEFECTIVE ON ITS FACE. CHAPTER 71, TEXAS BUSINESS & COMMERCE CODE.

1. BUSINESS NAME: _____
PHYSICAL BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE (optional): _____
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 General Partnership Joint Venture
 Other (Specify) _____

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, are the owner(s) of the above named 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. *By signing below, the applicant(s) acknowledge understanding of and compliance with the statutes cited below.*

- OWNER(S) INFORMATION and SIGNATURE(S) -

Name: _____	Signature: _____
Residence Address: _____	Printed Name/Title: _____
City, State, Zip: _____	
Name: _____	Signature: _____
Residence Address: _____	Printed Name/Title: _____
City, State, Zip: _____	
Name: _____	Signature: _____
Residence Address: _____	Printed Name/Title: _____
City, State, Zip: _____	

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT 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. (Texas Business and Commerce Code, Chapter 71, Sec. 71.203; Texas Penal Code, Chapter 12 and Chapter 37, Sec. 37.10)

THE STATE OF _____
COUNTY OF _____

Before me on this day personally appeared _____, known to me or proved to me through _____ to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, ON _____, 20 _____.

Notary Public/Printed Name

SPACE BELOW RESERVED FOR RECORDING PURPOSES ONLY