

**CARRIE GREGOR  
AUSTIN COUNTY CLERK  
265 N. Chesley St., Suite 7  
Bellville, TX 77418**

**ASSUMED NAME (DBA) CERTIFICATE OF OWNERSHIP**

\*Assumed Name (DBA) is valid for a period not to exceed 10 years from the date of filing\*

THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN ASSUMED NAME (DBA) CERTIFICATE. FILING AN ASSUMED NAME CERTIFICATE (DBA) DOES NOT PREVENT ANOTHER PARTY FROM USING THE SAME NAME. DIRECT ANY LEGAL QUESTIONS TO AN ATTORNEY.

BUSINESS NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS/OWNERS PHONE NUMBER: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

**BUSINESS TO BE CONDUCTED AS (CHECK ONLY ONE)**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> SOLE PROPRIETORSHIP | <input type="checkbox"/> CORPORATION |
| <input type="checkbox"/> GENERAL PARTNERSHIP | <input type="checkbox"/> OTHER _____ |

**CERTIFICATE OF OWNERSHIP**

The below undersigned, are the owner(s) of the business. Name(s) and address(es) given are true and correct. There are no ownerships in business other than those listed below.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print Owner or Corporation Name) (If Corporation, print your Name and Title)

RESIDENCE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ Those people(s) whose name(s) are listed above known to me to be the person(s) subscribed to the foregoing instrument and acknowledged to me that they are the owner(s) of the above-named business and that they signed the same for the purpose and consideration herein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS

