**BUSINESS REGISTRATION CERTIFICATE**
**PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME**

**Filing #** _____ **SHIAWASSEE COUNTY CLERK**

**FILING FEE $20.00 NEW**
**$18.00 RENEW**
**MAILING FEE $3.00**

THE UNDERSIGNED hereby, certifies, under the provisions of P.A. No. 101, P.A. of MI for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts, or transacts, or intends to own, carry on, conduct, or transact, a business or maintain an office or place of business, in the County of Shiawassee, under the name, designation or style set forth below:

Name of Business: _____

Address of Business: _____

Located in the (check only) ☐ City ☐ Township ☐ Village of:

The undersigned further certifies that the true of real full name and *residential address* (Post Office Box are not allowed) of the person(s) owning, conducting, or transacting said business is:

| NAME | RESIDENTIAL ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|---|
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SIGNATURE OF PERSONS CONDUCTING BUSINESS UNDER ASSUMED NAME

_____ _____

_____ _____

**STATE OF MICHIGAN**
**COUNTY OF SHIAWASSEE**

Subscribed and sworn to before me this day of _____ A.D. _____ by all persons list above

(Notary Public Signature) _____

(Printed Name) _____ Notary Public, Shiawassee County, Michigan. My Commission Expires: _____

**THIS CERTIFICATE EXPIRES FIVE YEARS FROM DATE OF FILING WITH COUNTY CLERK**
(Form below for use of County Clerk)

File Date: _____ Expiration Date: _____

STATE OF MICHIGAN
COUNTY OF SHIAWASSEE

I, Caroline D. Wilson, Clerk of the County of Shiawassee and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of the such original

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, at the City of Corunna on this: _____ day of _____, 20_____

CAROLINE D. WILSON, SHIAWASSEE COUNTY CLERK By: _____

DEPUTY COUNTY CLERK

Mail this notarized application and $3.00 mailing fee to: Shiawassee County Clerk, 208 N Shiawassee St., Corunna, MI 48817