

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 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
- (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
- (14) Provide proof of Veteran status (copy of ID or VA card)
- (15) - (51) If there are additional owners to be listed, enter their information
- (21) If you are getting your application notarized, the Notary will sign here or
If your application will not be notarized, then leave blank

ALL MAILED IN APPLICATIONS MUST BE NOTARIZED.

FEE OPTIONS

A notarized D/B/A application is \$~~100~~ dollars; add \$0.50 cent for each additional business owner. or

If you are a Veteran with a notarized application your fee is \$~~100~~ dollars.

There isn't a charge for additional business owners.

D/B/A COPY REQUEST

If you require a copy of your D/B/A Certificate, send a letter stating your business name and owner name(s) with a copy of your I.D. along with a money order or cashier's check for \$5.00 dollars. Include where to return the Certificate.

MAILING ADDRESS

Harris County Clerk's Office
P.O. Box 1525
Houston, TX 77251

PRIORITY MAIL ADDRESS

Harris County Clerk's Office
201 Caroline St., Ste. 330
Houston, TX 77002

I/We, the undersigned, am/are the owner(s) of the above business and my/or 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 below.

* Names of Owners *

(23)NAME OF OWNER (3): _____
(first) *(middle)* *(last)*

(24)ADDRESS OF RESIDENCE: _____

(25)CITY: _____ (26)STATE: _____ (27)ZIP CODE: _____

(28)SIGNATURE OF OWNER _____

(28)NAME OF OWNER (4): _____
(first) *(middle)* *(last)*

(29)ADDRESS OF RESIDENCE: _____

(30)CITY: _____ (31)STATE: _____ (32)ZIP CODE: _____

(33)SIGNATURE OF OWNER _____

(34)NAME OF OWNER (5): _____
(first) *(middle)* *(last)*

(35)ADDRESS OF RESIDENCE: _____

(36)CITY: _____ (37)STATE: _____ (38)ZIP CODE: _____

(39)SIGNATURE OF OWNER _____

(40)NAME OF OWNER (6): _____
(first) *(middle)* *(last)*

(41)ADDRESS OF RESIDENCE: _____

(42)CITY: _____ (43)STATE: _____ (44)ZIP CODE: _____

(45)SIGNATURE OF OWNER _____

(46)NAME OF OWNER (7): _____
(first) *(middle)* *(last)*

(47)ADDRESS OF RESIDENCE: _____

(48)CITY: _____ (49)STATE: _____ (50)ZIP CODE: _____

(51)SIGNATURE OF OWNER _____

(52)NAME OF OWNER (8): _____
(first) *(middle)* *(last)*

(53)ADDRESS OF RESIDENCE: _____

(54)CITY: _____ (55)STATE: _____ (56)ZIP CODE: _____

(57)SIGNATURE OF OWNER _____