

**ASSUMED NAME RECORD (DBA)  
CERTIFICATE OF OWNERSHIP FOR A 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.

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

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

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

PERIOD (not to exceed 10 years) DURING WHICH ASSUMED NAME WILL BE USED: \_\_\_\_\_ //

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 business and my/our names(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. MUST BE SIGNED IN FRONT OF NOTARY.

**NAME(S) of OWNERS**

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

PRINTED NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(CITY, STATE, ZIP) (MAILING ADDRESS)

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

PRINTED NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(CITY, STATE, ZIP) (MAILING ADDRESS)

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

PRINTED NAME/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(CITY, STATE, ZIP) (MAILING ADDRESS)

**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 names(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