

Office Use Only

L.A.R.A. verified?

Yes  Not Applicable

OFFICE of the COUNTY CLERK/ REGISTER OF DEEDS

VITAL RECORDS DIVISION  
CERTIFIED BUSINESS REGISTRATION

Office Use Only

DBA File Number

Certificate Expiration Date

Certificate File Date

Justin F. Roebuck  
County Clerk/Register of Deeds



Sherri A. Sayles  
Chief Deputy Clerk

- Original/New
- Renewal

Name of Business: \_\_\_\_\_

Complete address of Business: \_\_\_\_\_

Jurisdiction location of the business (Township or City): \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you wish to participate in the Ottawa County Honor Rewards program?  Yes  No

(Information can be found at [https://www.miottawa.org/Departments/CountyClerk/VitalRecord/honor\\_rewards.htm](https://www.miottawa.org/Departments/CountyClerk/VitalRecord/honor_rewards.htm))

THE UNDERSIGNED hereby certifies, under the provisions of P.A. 101 of Michigan, 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 Ottawa, State of Michigan, under the name, designated or style set forth below:

ASSUMED NAME:  OR CO-PARTNERSHIP:

PARTNERSHIP CERTIFICATE: The Undersigned hereby certify under the provisions of P.A. 164 of Michigan for the year 1913, as amended, that:

- (a) The Business mentioned herein  Is or  Is Not a Partnership.
- (b) Length of time General Partnership is to continue (insert either the Term agreed on by the Partners or the statement "not limited") \_\_\_\_\_.

Name of Person or Persons, owning, conducting, transacting, or composing the above business, and the complete mailing address of each:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

SIGNATURES OF ALL PERSONS LISTED ABOVE (Acknowledged before a Notary Public)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_, by all persons listed above.

State of \_\_\_\_\_ (Notary Signature) \_\_\_\_\_

County of \_\_\_\_\_ (Notary's Printed Name) \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, State of \_\_\_\_\_

(Notary Stamp/Seal)

My Commission Expires: \_\_\_\_\_

Acting in the County of: \_\_\_\_\_

Office Use Only - Do NOT write/seal/stamp below this line.

State of Michigan, County of Ottawa

I, JUSTIN F. ROEBUCK, Clerk of the County of Ottawa and of the Circuit Court thereof, do hereby certify that I have compared the forgoing copy of Business Registration Certificate with the original on record in my office, and that same is a correct transcript therefrom, and of the whole of such original. IN TESTIMONY WHEREOF, I have hereunto, set my hand and affixed the seal of said Circuit Court, at the City of Grand Haven, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

Justin F. Roebuck, Ottawa County Clerk/Register of Deeds

By: \_\_\_\_\_  
Deputy Clerk

# Instructions

1. Select whether this is a New or Renewal application.
2. Fill in the complete name of your business.
  - a. You do not need to put "your name doing business as" in front of the business name (e.g. Sally Smith DBA Sally's Hair Care), please just put the business name.
3. Fill in the complete physical address of the business, including City, State, and Zip code.
4. Fill in the jurisdiction of the address of your business (this will be the township or city that the business is located in -e.g. Park Township or Holland City).
5. Fill in the mailing address of the business if it is different from the physical location.
6. Fill in your email (optional).
7. Fill in your phone number.
8. Select whether or not you wish to participate in our Honor Rewards Program.
  - a. Honor Rewards is a nationally recognized program that provides local businesses the opportunity to honor our military veterans by offering discounts to those who have served our country.
  - b. There is no cost to join this program.
9. Select whether this is an Assumed Name or a Co-Partnership.
10. Answer whether this is or is not a partnership.
  - a. If it is a partnership, please state the term agreed upon or enter not limited.
11. Enter the name(s) and complete address(es) of the owner(s).
12. Sign in front of a notary.
  - a. Notary services are available at all Clerk/Register locations.
13. Submit this form and \$10 payment to our office by:
  - a. Visiting any of our office locations.
  - b. Mailing the completed and notarized form to the Fillmore office.

If you have any questions please call our office at 616-994-4531.

## Locations/Hours

### West Olive

12220 Fillmore Street, Room 130  
West Olive, MI 49460  
Monday – Friday 8:00 am - 5:00 pm

### Grand Haven - Public Service Center

414 Washington, 1st Floor  
Grand Haven, MI 49417  
Monday – Friday 8 am - 11:30 am & 12:30 pm - 5:00 pm

### Holland

12251 James Street  
Holland, MI 49424  
Monday – Friday 8:00 am - 11:30 am & 12:30 pm - 5:00 pm

### Hudsonville

3100 Port Sheldon Street  
Hudsonville, MI 49426  
Tuesday 8:00 am - 12:00 pm & 1:00 pm - 5:00 pm