



County of Union, Illinois
Office of the Chief Information Officer
309 W. Market—Room 115
Jonesboro, IL 62952

Rollie Hawk, CIO
(618) 925-2470
cio@unioncountyil.gov
@unioncountycio

July 13, 2016

[Sent via email]

Mr. Thomas Simmons
PO Box 6615
Englewood, CO 80155

tsimmons@accutrend.com

Mr. Simmons:

Please consider this our response to your attached Freedom of Information Act request which we received via fax on July 6, 2016, summarized below:

I would please like to request the listing of new businesses that have filed for a Business License in your county in the months of April through June 2016

Please find attached all records responsive to your request.

We feel this completes your request. If we may be of further assistance, please let me know.

Sincerely,

Rollie Hawk, Chief Information Office

Enclosure

Cc: Tyler Edmonds, State's Attorney
Terry Bartruff, County Clerk



County of Union, Illinois Freedom of Information Act (FOIA) Request Form

Date Requested: 07/05/2016

Request Submitted By: Thomas Simmons

Street Address: PO Box 6615

City/State/ZIP: Englewood, CO, 80155

Telephone (optional): 303-488-0011 ext 1019 E-mail (optional): tsimmons@accutrend.com

Fax (optional): _____

Records Requested (please be as specific as possible; attach additional pages if needed):

I would please like to request the listing of new businesses that have filed for a Business License in your county in the months of April through June 2016 Thank you for your help.

Is this request for a Commercial Purpose? YES NO
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body under 5 ILCS 140.3.1(c))

Are you requesting a fee waiver? YES NO
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public under 5 ILCS 140/6(c)).

Please retain a copy of this form for your records.

Submit the original to one of our FOIA officers:

Rollie Hawk Union County Chief Information Officer 309 West Market Room 115 Jonesboro, IL 62952 cio@unioncountyiil.gov (618) 833-8248	Tyler Edmonds Union County State's Attorney 309 West Market Room 239 Jonesboro, IL 62952 ucsainfo@unioncountyiil.gov (618) 833-7216
--	--

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Food manufacturing

business in said County and State under the name of Shawnee Dried Foods
at the following post office addresses:
216 Brady Mill Rd Anna IL

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Adam Jung</u>	<u>216 Brady Mill Rd</u>

Dated this 7 day of April 2016
[Signature]

STATE OF ILLINOIS, }
COUNTY OF Union } ss.
I, Terry Bartruff, a Notary Public
in and for said County and State, do hereby certify that Adam Jung

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that _____ he _____ ha S read and signed said instrument and that the statements therein contained, and each thereof, are true.



[Signature]
Notary Public.

My commission expires on the 5 day
of June 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend _____ to conduct and transact a food service

business in said County and State under the name of Rest Buckets Garage
at the following post office addresses:

Wing & Burger Company

1000 Leigh Ave Suite B Anna IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Alma Y. Mavey</u>	<u>400 N. Main St. Anna IL 62906</u>

Dated this 5th day of May 2016.

Alma Mavey

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Alma Mavey

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that 5 he 5 ha 5 read and signed said instrument and that the statements therein contained, and each thereof, are true.

Terry Bartruff
Notary Public.



My commission expires on the 5 day
of June 2017.

ASSUMED-NAME CERTIFICATE -- Intention.

STATE OF ILLINOIS,
COUNTY OF Union } ss.

This is to certify that the undersigned intend _____ to conduct and transact a _____

business in said County and State under the name of Shawnee Hills Lavender
at the following post office addresses:

480 Brown Section Rd
Colden IL 62920

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Douglas E Clover</u>	<u>480 Brown Section Rd, Colden IL</u>
<u>Charlotte S. Clover</u>	<u>480 Brown Section Rd, Colden IL</u>

Dated this 10th day of May 2016
Douglas E. Clover
Charlotte S. Clover

STATE OF ILLINOIS,
COUNTY OF Union } ss.
I, Angie Bailey, a Notary Public

in and for said County and State, do hereby certify that Douglas E Clover and
Charlotte S Clover

personally known to me to be the same person S whose name S subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he ha read and signed said instrument and that the statements therein contained, and each thereof, are true.

Angie Bailey
Notary Public.

My commission expires on the 15th day
of August 2018.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

This is to certify that the undersigned intend to conduct and transact a INFLATABLE BUBBLE
SOCCER RENTAL EQUIPMENT

business in said County and State under the name of BUBBLE KICKS
at the following post office addresses:
315 TWIN SPRINGS LOOP
ANNON IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the
respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Kelly Rust</u>	<u>315 TWIN SPRINGS LOOP</u> <u>ANNON IL 62906</u>

Dated this 2 day of JUNE 2016

[Signature]

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Terry Bartruff, a Notary Public
in and for said County and State, do hereby certify that Kelly Rust

personally known to me to be the same person whose name subscribed to the foregoing
instrument, appeared before me this day in person and acknowledged that he has read and signed
said instrument and that the statements therein contained, and each thereof, are true.

[Signature] Notary Public.



My commission expires on the 5 day
of June 2017.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

This is to certify that the undersigned intend _____ to conduct and transact a retail

business in said County and State under the name of Soul Purposed
at the following post office addresses:
231 George Street Anna, IL 62906

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
<u>Jessie L. Eck</u>	<u>231 George Street</u> <u>Anna IL 62906</u>
_____	_____
_____	_____
_____	_____

Dated this 29 day of June 2016.

Jessie L. Eck

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Terry Bartruff, a Notary Public

in and for said County and State, do hereby certify that Jessie Eck

personally known to me to be the same person _____ whose name _____ subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that S he S ha S read and signed said instrument and that the statements therein contained, and each thereof, are true.



Terry Bartruff
Notary Public.

My commission expires on the _____ day of _____.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

This is to certify that the undersigned intend to conduct and transact a
Construction Company

business in said County and State under the name of _____
at the following post office addresses:

Millers Construction
205 N. J St.
Jonesboro, IL 62952

that the true and real full names of all persons owning, conducting or transacting such business, with the
respective post-office address of each, are as follows:

NAME	POST-OFFICE ADDRESS
Jason Miller	205 N. J St. Jonesboro, IL 62952

Dated this 6/30/16 day of _____
Jason Miller

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Jennifer A. Lyerla, a Notary Public

in and for said County and State, do hereby certify that Jason Miller

personally known to me to be the same person whose name _____ subscribed to the foregoing
instrument, appeared before me this day in person and acknowledged that (he) has read and signed
said instrument and that the statements therein contained, and each thereof, are true.



Jennifer A. Lyerla
Notary Public.

My commission expires on the 21st day
of Nov 2017.