



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@unioncountyl.gov
@unioncountycio

December 20, 2018

[sent via email]

Jada Powell
Accutrend Data Corporation
acqdata@accutrend.com

Dear Ms. Powell:

Please consider this our response to your attached Freedom of Information Act request, received via email on October 5, 2018 and summarized below:

A copy of the business license forms filled out by businesses that filed for a business license in your county during the months of July 2018 through September 2018. Information should include business names, addresses, and any other contact info you can provide.

Please find attached records responsive to your request.

We consider your request completed. If I may be of further assistance, please let me know.

Sincerely,

Rollie Hawk, Chief Information Officer

Enclosure

Cc: Tyler R. Edmonds, State's Attorney
Lance Meisenheimer, County Clerk



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

Date Requested: 10/5/2018
Request Submitted By: Jada Powell (Accutrend Data Corporation)
Street Address: 7860 E Berry Pl ste 200
City/State/ZIP: Greenwood village/CO/80111
Telephone (optional): 303-488-0011 xt 1019 E-mail (optional): acqdata@accutrend.com
Fax (optional): 1-866-648-1197

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

A copy of the business license forms filled out by
businesses that filed for a business license in your county
during the months of July 2018 through September 2018.
Information should include business names, addresses,
and any other contact info you can provide.

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 boutique

Business in said County and State under the name of Doll Baby Boutique
at the following post office addresses:
325 Texas Eastern Rd Buncombe, IL 62912

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>Leslie Nicole Roach</u> | <u>325 Texas Eastern Rd Buncombe, IL 62912</u> |
| | |
| | |
| | |

Dated this 7 day of July 18.

Leslie N Roach

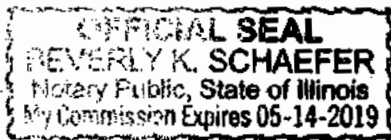
STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that Leslie N. Roach

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 has read and signed said instrument and that the statements therein contained, and each thereof, are true.

Beverly K. Schaefer
Notary Public.



My commission expires on the 14 day
of May 2019.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

This is to certify that the undersigned intend to conduct and transact a GEORGE ANDERSON INVESTMENTS, LLC.

business in said County and State under the name of LADY LUCK SALON
at the following post office addresses:
125 LEIGH AVE SUITE C, 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>GEORGE J. ANDERSON</u> | <u>2015A STATE ROUTE 33 EAST</u> <u>LAWRENCEVILLE, IL 62439</u> |
| | |
| | |
| | |

Dated this 24TH day of September 2018.

George J. Anderson

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that George J. Anderson

personally known to me to be the same person whose name he 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.



Beverly K. Schaefer
Notary Public.

My commission expires on the 14th day
of May 2019.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

This is to certify that the undersigned intend _____ to conduct and transact a Flooring Removal
K.C. FLOORING DEMO SPECIALIST

Business in said County and State under the name of _____
at the following post office addresses:
2025 KIMBER RD DOWSOLA
ILL 62926

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>Kevin Cox</u> | <u>2025 KIMBER RD</u> <u>DOWSOLA ILL 62926</u> |
| | |
| | |
| | |

Dated this 6 day of July 2018.

Kevin Cox

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that _____

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

Beverly K. Schaefer
Notary Public.



My commission expires on the 14 day
of May 2019.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS,
COUNTY OF Union } ss.

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

Business in said County and State under the name of Skyline View Cabins
at the following post office addresses:

2625 Skyline Drive
PO Box 70
Alto Pass, IL 62905

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>Dwayne Brinkmann</u> | <u>11031 Hury Rd Carlyle, IL 62231</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated this 7th day of August [Signature]



STATE OF ILLINOIS,
COUNTY OF Clinton } ss.

I, Angela L. Rueter, a Notary Public

in and for said County and State, do hereby certify that Dwayne Brinkmann

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

[Signature]
Notary Public.

My commission expires on the _____ day
of _____

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 Southern Illinois Buy Ins
at the following post office addresses:

1770 State Rt 127 N.
Alto Pass, IL 62905

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>Lindsey Bartholic</u> | <u>1770 State Rt 127 N.</u> <u>Alto Pass, IL 62905</u> |
| | |
| | |
| | |

Dated this 7/27/18 day of _____

Lindsey Bartholic

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that _____

personally known to me to be the same person _____ whose name Lindsey Bartholic 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.

Beverly K. Schaefer
Notary Public.



My commission expires on the 14 day
of May 2019.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

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

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

128 W. Davie
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>Kassi Needling</u> | <u>215 Swink Ln.</u> |
| | <u>Jonesboro, IL 62952</u> |
| | |
| | |

Dated this 21 day of August 2018

Kassi Needling

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that Kassi Needling

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

Beverly K. Schaefer
Notary Public.



My commission expires on the 14 day
of May 2019.

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF UNION } ss.

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

business in said County and State under the name of THE FLOCK FARM
at the following post office addresses:
460 McDuffee Lane
ANNA, ILLINOIS, 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 |
|-------------|------------------------------------|
| April Glays | 460 McDuffee Lane ANNA IL 62906 |
| | |
| | |
| | |

Dated this 9/7/2018 day of _____
[Signature]

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

I, Beverly K Schaefer, a Notary Public

in and for said County and State, do hereby certify that April Glays

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 She has read and signed said instrument and that the statements therein contained, and each thereof, are true.



Beverly K. Schaefer
Notary Public.

My commission expires on the 14th day of May 2019.

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

Business in said County and State under the name of Tiny Mights Construction
at the following post office addresses:
401 Dewey 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>Matthew Pearson</u> | <u>401 Dewey St. Anna IL 62906</u> |
| <u>Jessica Pearson</u> | <u>401 Dewey St Anna IL 62906</u> |
| | |
| | |

Dated this 1st day of August 2018.

Matthew Pearson
Jessica Pearson

STATE OF ILLINOIS,
COUNTY OF Union } ss.

I, Beverly K. Schaefer, a Notary Public

in and for said County and State, do hereby certify that Matthew Pearson
Jessica Pearson

personally known to me to be the same person S whose name they 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.

Beverly K. Schaefer Notary Public.



My commission expires on the 14 day of May 2019.

CERTIFICATE AND INTENTION OF ASSUMED BUSINESS NAME

STATE OF ILLINOIS }

} SS

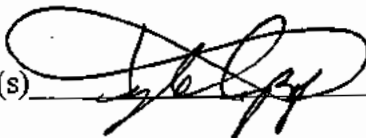
County of Union }

This is to certify that the undersigned is conducting a legal consulting business under the name of **Tripp Advocacy & Consulting of Southern Illinois, L.L.C.**, at the following address:
105 Willards Ferry Road
Jonesboro, IL 62952

The true and full name and home address of the person owning, conducting or transacting business at such post office address is as follows:

Tyler E. Tripp
2280 New Saratoga Rd.
Anna, IL 62906


Dated this 31st day of July, 2018.

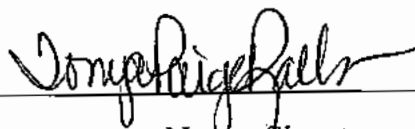
Signature(s) 

STATE OF ILLINOIS }

} SS

County of Union } I, Tonya Paige Ralls a Notary Public in and for said County and State, do hereby certify that Tyler E. Tripp, personally known to be the same person whose name appears above and has appeared before me this day and acknowledged that the statements contained therein are true.

(Notary Seal) 


Notary Signature

ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

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

Business in said County and State under the name of WC Transport
at the following post office addresses:

5665 Old Cape Rd
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 |
|------------------------|--|
| <u>William Charles</u> | <u>5665 Old Cape Rd</u> <u>Jonesboro IL 62952</u> |
| | |
| | |
| | |

Dated this 8 day of August 2018.

William O. Charles

STATE OF ILLINOIS, }
COUNTY OF _____ } ss.

I, Beverly K. Schaefer, a Notary Public

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

William O. Charles

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 5 read and signed said instrument and that the statements therein contained, and each thereof, are true.



Beverly K. Schaefer

Notary Public.

My commission expires on the 14 day
of May 2019.