



Office of the State's Attorney

Union County, Illinois

TYLER R. EDMONDS
STATE'S ATTORNEY

Union County Courthouse
309 West Market Street, Room 239
Jonesboro, Illinois

Telephone: (618) 833-7216
Facsimile: (618) 833-3349

May 6, 2019

[sent via email]

Jada Powell
Accutrend Data Corp
acqdata@accutrend.com

Dear Ms. Powell:

Please consider this our response to your attached Freedom of Information Act request, received via email on April 9, 2019 and summarized below:

A copy of the businesses that filed for a business license in your county during the months of January 2019 through March 2019. We would like these documents to include the business names, addresses, and any other contact info you are willing to 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
Public Information Officer
Union County State's Attorney
rhawk@unioncountyil.gov

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: _____

Request Submitted By: _____

Street Address: _____

City/State/ZIP: _____

Telephone (optional): _____ E-mail (optional): _____

Fax (optional): _____

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

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:

<p>Rollie Hawk Union County Chief Information Officer 309 West Market Room 115 Jonesboro, IL 62952</p> <p>cio@unioncountyl.gov</p> <p>(618) 833-8248</p>	<p>Tyler Edmonds Union County State's Attorney 309 West Market Room 239 Jonesboro, IL 62952</p> <p>ucsainfo@unioncountyl.gov</p> <p>(618) 833-7216</p>
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ASSUMED-NAME CERTIFICATE — Intention.

STATE OF ILLINOIS, }
COUNTY OF Union } ss.

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

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

104 WATKINS DR
JONES BORO, 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>Charles T Conway</u>	<u>104 WATKINS DR</u> <u>JONES BORO, IL 62952</u>

Dated this 15 day of MARCH 19.

[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 Charles T. Conway

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.

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 HANDY MAN/HOME REPAIR

business in said County and State under the name of DW HANDYMAN SERVICES
at the following post office addresses:
301 E. High St.
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>Douglas W. Allen</u>	<u>301 E. High St., Anna IL 62906</u>
_____	_____
_____	_____
_____	_____

Dated this March 5 day of 2019

[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 Douglas W. Allen

personally known to me to be the same person whose name has 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 design consultant & sales

Business in said County and State under the name of Design First
at the following post office addresses:
105 E VIENNA ST. 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>Brenda Allen</u>	<u>405 BARTRUFF Rd ANNA</u>
_____	_____
_____	_____
_____	_____

Dated this Jan day of 25 2019.

Brenda Allen

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 Brenda Allen

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 Retail
Farmstead Market

business in said County and State under the name of _____
at the following post office addresses:
5600 E Vienna St.
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>Jonathan Beachy</u>	<u>3470 St. Rt. 146 E</u>
<u>Regina Beachy</u>	<u>Anna, IL. 62906</u>
_____	_____
_____	_____

Dated this 22 day of Jan 1919.

Regina Beachy
Regina Beachy

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 Jonathan + Regina Beachy

personally known to me to be the same persons whose names _____ subscribed to the foregoing
instrument, appeared before me this day in person and acknowledged that th he y have 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 postcards and
SOUVENIRS

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

Novelties 103 Ussery St.
P.O. Box 461
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>Maria Nunez</u>	<u>P.O. Box 461</u>
	<u>Anna IL 62906</u>

Dated this 28th day of February 19.

Maria Elizabeth Nunez

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 Maria Nunez

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 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 vacation rental

business in said County and State under the name of Mandolin grove
at the following post office addresses: 1410 Vines Road

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>Amanda Wolff</u>	<u>2317 Minnesota Ave.</u>
<u>Amanda Wolff</u>	<u>St. Louis, MO</u>

Dated this eightth day of February 2019.

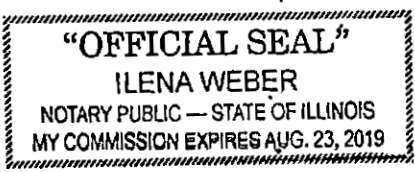
STATE OF ILLINOIS; }
COUNTY OF St Clair } ss.

I, Ilena Weber, a Notary Public

in and for said County and State, do hereby certify that Amanda L. Wolff

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

Ilena Weber
Notary Public.



My commission expires on the 8 day
of February 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 bed and breakfast/short term rental

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

3425 Buffalo Gap Rd.
Cobden, 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>Donald Moberley</u>	<u>3425 Buffalo Gap Rd, Cobden, IL 62920</u>
<u>Johanna Wichmann</u>	<u>3425 Buffalo Gap Rd, Cobden, IL 62920</u>

Dated this 22 day of March 2019
Donald Moberley

STATE OF ILLINOIS, }
COUNTY OF Jackson } ss.
I, Karen Mylan, a Notary Public

in and for said County and State, do hereby certify that Donald Moberley and Johanna Wichmann

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

Karen Mylan
Notary Public.



My commission expires on the 23rd day of November 2019.