

Certificate No. \_\_\_\_\_

**ADAMS COUNTY**  
**CERTIFICATE OF OWNERSHIP OF A BUSINESS**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

.....  
The following is a true and full report of the names and addresses of all persons owning, conducting or transacting the business named above.

NAME OF PERSON(S)   HOME ADDRESS   CITY, STATE, ZIP   % OWNERSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
STATE OF ILLINOIS    )  
COUNTY OF ADAMS    )

I, \_\_\_\_\_, being duly sworn upon oath, deposes and says that the foregoing is a true and correct report of the real, full, name or names of the person or persons owning, conducting or transacting the above-named business, with post office address or addresses.

Signed \_\_\_\_\_

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me on this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_

Notary Public

For additional owners, please complete next page.

STATE OF ILLINOIS )  
COUNTY OF ADAMS )

I, \_\_\_\_\_, being duly sworn upon oath, deposes and says that the foregoing is a true and correct report of the real, full, name or names of the person or persons owning, conducting or transacting the above-named business, with post office address or addresses.

Signed \_\_\_\_\_

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me on this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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Signed \_\_\_\_\_

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\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_  
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Signed \_\_\_\_\_

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me on this

\_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public