

CERTIFICATE OF OWNERSHIP OF BUSINESS

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

BUSINESS PHONE: _____

PUBLISH IN: The Burg

STATE OF ILLINOIS)

) SS

COUNTY OF KNOX)

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 Owner	Street Address	City, State, Zip

STATE OF ILLINOIS)

) SS

COUNTY OF KNOX)

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 business names above together with their post office addresses

Signature of Owner(s)

Subscribed and sworn to before me this ____ day of _____, _____

Notary Public or County Clerk