

DON GRAY
SANGAMON COUNTY CLERK

SANGAMON COUNTY COMPLEX
ROOM 101, COUNTY BUILDING
200 SOUTH NINTH STREET
SPRINGFIELD, ILLINOIS 62701
TELEPHONE: 217-753-6700/FACSIMILE: 217-535-3233
www.sangamoncountyclerk.com



CERTIFICATE OF OWNERSHIP OF BUSINESS

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: (P.O. Box not acceptable)
_____ Street _____ City _____ State _____ Zip

MAILING ADDRESS: _____ Street _____ City _____ State _____ Zip

BUSINESS PHONE: _____

PUBLISH IN:(check one) _____ **State Journal-Register** or _____ **Illinois Times**

*NAME OF OWNER	STREET ADDRESS	CITY, STATE, ZIP

****If additional space is needed for owners' names and addresses, please attach a separate piece of paper***

Please read the important information below and initial here upon completion
Zoning approval is necessary to operate certain businesses in the City of Springfield and in Sangamon County. Please contact the City of Springfield Zoning Department, Room 304, Municipal Center West at (217) 789-2171 or the Sangamon County Zoning Department, Room 213, Sangamon County Building at (217) 753-6760 to discuss the type of business you plan to operate from your location and to learn what, if anything, you will be required to do to the facility before you can begin operations or if you are even legally able to operate a business from that location.

I attest that the following is a true and full report of the names and addresses of all persons owning, conducting or transacting the business named above; 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 named above together with their post office addresses.

Signature of Owner

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

County Clerk

For Office Use Only:

SJR _____
IL Times _____
Employee _____
Initials _____

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NOTICE UNDER ASSUMED BUSINESS NAME ACT

Notice is hereby given that on the _____ day of _____, _____

a Certificate of Ownership of Business was filed in the Office of the County Clerk of Sangamon County, stating that: (list owners' names-submit attachments if needed)

intend to transact, or are transacting business in Sangamon County, State of Illinois, under the fictitious name to wit: (list business name)

and that they are the sole owner(s) and proprietor(s) of said business, and that the principal place of said business is located at: (list full business address - PO Box not acceptable)

Signature of Owner

Print Name

Owner's home address: _____

Daytime phone:() _____