DISCLOSURE AFFIDAVIT

(NOTE: This disclosure is required by adopted City Council Policy. This Affidavit must be completely filled out and signed by any party 1) entering into contracts with the City, 2) involved in certain land use proceedings, or 3) development or real estate agreements with the City. This Affidavit assists the City in making determinations relative to conflict of interest and other laws.)

(Fill in state and county in which affidavit is being signed)

STATE OF _____)
) ss.
COUNTY OF_____)

I, the undersigned, being duly sworn, do state as follows:

BUSINESS STATUS STATEMENT

A. _____ (hereafter "Contractor" or "Vendor") is a:

_____ Corporation
_____ Partnership or Joint Venture (General or Limited)
_____ Limited Liability Company (LLC)
_____ Individual or Sole Proprietorship
_____ Not-for-Profit Corporation

Contractor's Federal Tax Identification Number, or in the case of an individual or sole proprietorship, Social Security Number: _____

(If a Corporation, complete B; If a Partnership or LLC, complete C; If an Individual, complete D; if Not-for-Profit Corporation, complete E)

B. CORPORATION

The State of Incorporation is _____.

Registered Agent of Corporation in Illinois:	Business Information (If Different from Registered Agent):
_____ Name	_____ Company Address, Principal Office
_____ Address	_____ City, State, Zip
_____ City, State, Zip	_____ Telephone Facsimile
_____ Telephone	_____ Website

The corporate officers are as follows (list and identify all corporate officers - attach additional sheets if necessary):

President:_____

Vice President: _____

Secretary: _____

Attach a List of all shareholders owning five percent (5%) or more of the stock in the corporation.

C. PARTNERSHIP OR L.L.C.

The business address is: _____

Telephone: _____ Fax: _____

Website or Email Address: _____

The partners or members are as follows: (Attach additional sheets if necessary)

Name:_____ Address:_____ Telephone:_____
Name:_____ Address:_____ Telephone:_____
Name:_____ Address:_____ Telephone:_____

Manager of LLC (attach additional sheets as needed):

Name:_____

Address:_____

Telephone:_____

D. INDIVIDUAL PROPRIETORSHIP

The business address is _____

Telephone: _____ Fax: _____

My home address is _____

Telephone: _____ Fax: _____

Email or website: _____

E. NOT-FOR-PROFIT CORPORATION

The business address is:_____

Telephone:_____

Email or website:_____

Director or CAO:_____

The Board Members are as follows: (Attach additional sheets if necessary)

Name:_____ Address:_____ Telephone:_____
Name:_____ Address:_____ Telephone:_____
Name:_____ Address:_____ Telephone:_____
Name:_____ Address:_____ Telephone:_____

_____
Signature

Printed Name: _____

Title:_____

SUBSCRIBED and SWORN to before me this ____ day of _____, 20___.

_____
Notary Public

My Commission Expires: _____

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