

**DISCLOSURE STATEMENT**

Name of Business:

Principal Place of Business:

PARTNERSHIP

CORPORATION

SOLE PROPRIETORSHIP

I CERTIFY that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. If one or more of the below is itself a corporation or partnership, I have annexed the names and addresses of anyone owning a 10% or greater interest therein.

I CERTIFY that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

**PLEASE CHECK APPROPRIATE BOXES ABOVE AND SIGN BELOW**

**STOCKHOLDERS:**

NAME	STREET ADDRESS	CITY/STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I FURTHER CERTIFY that no officer or employee of the County of Atlantic has any interest, direct or indirect in this corporation or partnership or this contract.

I CERTIFY that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

STATE OF \_\_\_\_\_ )  
 ) **SS:**  
 COUNTY OF \_\_\_\_ \_ )

Sworn and subscribed to  
Before me this \_\_\_ day  
of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public  
My Commission Expires:\_\_\_\_\_

\_\_\_\_\_  
Name of Person Signing (type or print)

\_\_\_\_\_  
Title of Person Signing