



Illinois Centennial Agribusiness Recognition

The Centennial Agribusiness program was established to honor the generations of businesses who have worked to produce, process, and/or distribute agricultural products in Illinois.

Pursuant to 20 ILCS 205/205-15(c), to qualify as a Centennial Agribusiness, a business must:

- Be associated with the producing, processing, or distribution of agricultural products
- AND
- Have operated for 100 or more years
- AND
- Have either the same name, or the same ownership for the entirety of the 100 or more years

Applicants must complete the application and verification forms found on the following pages. These forms request information regarding the present owner and location of the business, a listing of prior owners and/or business names, and third-party verification of records proving ownership/length of operation.

The Secretary of State can verify business name and length of operation – a print out of the Corporation File Detail Report in many cases will be sufficient.

Applicants meeting all requirements of the program are notified by mail. The owner receives an official Centennial Agribusiness sign suitable for outdoor display and a certificate bearing signatures of the Governor of Illinois and the Director of the Illinois Department of Agriculture. All application materials and other papers of historical significance are placed on file at the Illinois Department of Agriculture.

Completed application and verification forms, along with a **\$50** processing fee, should be sent to:

IL Centennial Agribusiness Program
Illinois Department of Agriculture
State Fairgrounds
P. O. Box 19281
Springfield, Illinois 62794-9281

Please make checks payable to the
Centennial Farm & Agribusiness Signs Fund

For more information:

Erin Cleary
Phone - 217/557-5897 or FAX - 217/524-5960
Email: erin.cleary@illinois.gov

Visit www.agr.state.il.us/ for more information.



CENTENNIAL AGRIBUSINESS APPLICATION



Agribusiness Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Registered Agent Address (if different): _____

City: _____ State: _____ Zip: _____

Township Name: _____ County: _____

Original Incorporation Date: _____ Original Owner: _____ Current Owner: _____

Name(s) to appear on certificate: _____

Description of business, specifically as it relates to producing, processing, or distributing agricultural products: _____

List all owners and/or names, beginning with original owner and name, and continuing to present owner and name:

Date	Business Name(s)	Business Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above information is true and correct as attested to by the accompanying document — the verification page.

Signature of Applicant Date

To whom should the Department address its correspondence, sign and certificate?

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail address: _____



CENTENNIAL AGRIBUSINESS VERIFICATION

I, _____ (print name), hereby certify that I have reviewed the relevant business/tax/other (please circle) records and determined that the agribusiness legally described as _____ has been owned for 100 years or more by the same ownership, or has maintained the same name for 100 years or more. The business was originally owned by _____ (name) in _____ (year), operated as _____ (business name) and the business is currently owned by _____ (name), operated as _____ (business name).

Signature and date

Address, City, State, Zip

Phone Number

Signature, printed name, and title of person applying for Centennial Agribusiness Recognition, if different from above:

Signature and date

Printed Name

Title