

**Craig A. Hayner**  
County Clerk

**Shauna M. Sutton**  
Deputy County Clerk

**Charles A. Foehser, II**  
Deputy County Clerk



**Saratoga County Clerk's  
Office**

Saratoga County Municipal Center  
40 McMaster Street, Ballston Spa, NY 12020  
Telephone (518) 885-2213 FAX (518) 884-4726

**BUSINESS CERTIFICATE FOR PARTNERS**

The undersigned do hereby certify that they are conducting or transacting business as members of a partnership under the name or designation of:

*Business Name* \_\_\_\_\_

*Business Address* \_\_\_\_\_ SARATOGA  
(Street Address) (City) (State) (Zip Code) (County)

and do *further certify* that the full names of all the persons conducting or transacting such partnership including the full names of all the partners with residence address of each such person, and the age of any who may be infants, are as follows:

Name (specify age if under 18)

Residence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*WE DO FURTHER CERTIFY* that we are the successors in interest to: \_\_\_\_\_  
the person or persons heretofore using such name or names to carry on or conduct or transact business.

IN WITNESS WHEREOF, we have signed this certificate on \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF

On \_\_\_\_\_ before me, the undersigned personally appeared

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signatures(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public