

**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

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## **Instructions for Completing a DBA Form**

- Fill out the form, but do not sign it until you are in the presence of a Notary Public.
- The form should be filed at the **Saratoga County Clerk's Office, 40 McMaster Street, Ballston Spa, NY 12020**
- Hours for recording documents are 8:00 AM – 4:15 PM, Monday through Friday
- The filing fee is \$25. There is an additional \$5.00 charge for each certified copy. Fees must be paid in cash or with a money order or check imprinted with your name, address & phone number. Out-of-State or starter checks are not accepted. We do not accept debit or credit card payments.
- If mailing, please send a self addressed stamped envelope

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**CERTIFICATE OF CONDUCTING BUSINESS  
UNDER ASSUMED NAME**

**I/WE HEREBY CERTIFY** that I/WE intend to conduct or transact business under the name or designation of:

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

**at Business Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip) (County)

**Name \*\*\***

**Address**

_____	_____
_____	_____
_____	_____

**I/WE FURTHER CERTIFY** that I am/We are the successor in interest to: \_\_\_\_\_ Or No One   
(name of previous business owner)

The person or persons heretofore using such name or names to carry on or conduct or transact business.

IN WITNESS WHEREOF, I/WE have signed this certificate on \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\*\*\* If under 18 state age

\_\_\_\_\_  
(Signature)

STATE OF NEW YORK  
COUNTY OF SARATOGA

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 name(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 signature(s) on the instrument, the individuals(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

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