

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 SARATOGA

On _____ before me, the undersigned personally appeared
(Date)

(Name)

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

Notary Public