

**Craig A. Hayner**  
County Clerk

**Charles A. Foehser II**  
First Deputy County Clerk  
**Shauna M. Sutton**  
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

## 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: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code) Saratoga (County)

I/WE certify that our name(s) and full address(es) are as follows, and that I/WE are all eighteen years of age or older (or, if less than eighteen, state age next to name).

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

\_\_\_\_\_  
Signature

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