



OFFICE OF THE COUNTY CLERK

CRAIG A. HAYNER, COUNTY CLERK

518.885.2213

SARATOGACOUNTYNY.GOV

40 MC MASTER ST, BALLSTON SPA, NY 12020

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 _____ (Street Address) _____ (City) _____ (State) _____ (Zip Code) SARATOGA (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:

Table with 2 columns: Name (specify age if under 18), Residence. Includes three rows of blank lines for entry.

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

