

Business Certificate

I HEREBY CERTIFY that I am conducting or transacting business under the name or designation of

_____ at _____
(Enter Street, City, State and Zip Code)

City or Town of _____ County of Cayuga, State of New York

My full name is _____
(Print or type name)

And I reside at _____
(Enter Street, City, State and Zip Code)

I FURTHER CERTIFY that I am the successor in interest to _____
(Fill out only if you are purchasing this business name from another)

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

IN WITNESS WHEREOF, I have signed this certificate on this _____ Day of _____ 20__

Signature _____

*If less than 21 years of age, state, "I am _____ years of age"

ACKNOWLEDGMENT IN NEW YORK STATE (RPL309-a)

ACKNOWLEDGMENT OUTSIDE OF NEW YORK STATE (RPL 309-b)

State of New York
County of _____

SS.:

State of :
County of _____

SS.:

On _____ before me, the undersigned,
personally appeared

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

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 and that such individual made such appearance before the undersigned in (insert city or political subdivision and state or county or other place acknowledgment taken)

(signature and office of individual taking acknowledgment)

(signature and office of individual taking acknowledgment)