



OFFICE OF THE COUNTY CLERK

CRAIG A. HAYNER, COUNTY CLERK

518.885.2213

SARATOGACOUNTYNY.GOV

40 MC MASTER ST, BALLSTON SPA, NY 12020

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).

Table with 2 columns: Name, Address. Multiple rows for listing names and addresses.

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 lines for the certifier(s).

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

