

Business Certificate for Partners

THE UNDERSIGNED DO HEREBY CERTIFY that they are conducting or transacting business as members of a partnership under the name of:

Located at:

Mailing address(if different):

(actual street or road, no PO Box)

(street, road, or PO Box)

(city or town, state & zip code)

(city or town, state & zip code)

Our full names are:

Our complete residence addresses are:

Check one: I am over 18 years old.

or I am _____ years old.

Check one: I am over 18 years old.

or I am _____ years old.

Check one: I am over 18 years old.

or I am _____ years old.

Check one: I am over 18 years old.

or I am _____ years old.

Did anyone own this business before? Yes _____ No _____

If yes, who _____

Today's Date _____ Sign Here _____

STATE OF NEW YORK }
COUNTY OF STEUBEN } ss.:

On the _____ day of _____ in the year _____ 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 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.

(signature and office of individual taking acknowledgment)