



Tioga County Clerk
16 Court Street, PO Box 307
Owego, NY 13827
Phone 607-687-8660

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 –Print)

Located at _____
(Business Street Address, Town, State & Zip - no PO Box – Print)

in the County of Tioga, State of New York, and do further certify that the full names of all the persons conducting or transacting such partnership including the full names & ages of any such of all the partners with the residence address of each such person and the age of any who may be infants are as follows:

Printed Full Name (& if infant, age)	Printed Address
_____	_____
_____	_____
_____	_____
_____	_____

No other person is interested as a partner or otherwise in the business or the conduct of it. This Certificate is Executed and Filed pursuant to Section 130 of the General Business Law.

IN WITNESS WHEREOF, We have this _____ Day of _____, 20____
Made and Signed this Certificate.

X _____

STATE OF _____)
COUNTY OF _____) SS:

On this _____ day of _____, 20__ before me, the undersigned personally appeared _____

Personally know to me or proved to me the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), or the person upon which the individual(s) acted, executed the instrument.

(Notary Public)

X _____

STATE OF)
COUNTY OF) SS:

On this _____ day of _____, 20__ before me, the undersigned personally appeared _____

Personally know to me or proved to me the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her/their capacity(ies), and that by his/her/their signature(s), or the person upon which the individual(s) acted, executed the instrument.

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(Notary Public)

CERTIFICATE OF BUSINESS

Business Name: _____

Business Address: _____

Business Phone: _____

Fax: _____

Email: _____

Web Address: _____

Type of Business: _____

NAICS Code: _____

Chief Executive Officer: _____

Number of Employees: _____