Business Partners Certificate

I HEREBY CERTIFY that we are conducting/transacting business under the name of:
(Anyone under eighteen must state age)

BUSINESS NAME:_____

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____
Onondaga County, New York State

FULL NAME	**ADDRESS**
_____	_____
_____	_____
_____	_____
_____	_____

I FURTHER CERTIFY that I am successor to:_____

I FURTHER CERTIFY and acknowledge that I have searched the records in the Onondaga County Clerk's Office and have found no business has the same or similar name as aforementioned in this certificate and that I hold the County of Onondaga harmless from any action thereof.

Type of Business:_____ **Phone #:**_____

IN WITNESS WHEREOF, **I have this day of 2016, made and signed this certificate.**

_____
_____
_____
_____

STATE OF NEW YORK
COUNTY OF ONONDAGA

On this day of 2016, before me 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 on behalf of which the individual(s) acted, executed the instrument.

_____
(Signature and Office of individual taking acknowledgment)