

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

BUSINESS CERTIFICATE

I HEREBY CERTIFY that I am conducting or transacting business under the name or designation of
(Business Name –Print)
Located at
(Business Street Address, Town, State & Zip - no PO Box – Print)
My Full Name is(Print Full Name)
And I Reside at
(Residence Street Address, Town, State & Zip - No PO Box - Print)
The undersigned is of full age (or if the person is an infant, state age) and no other person in interested as a partner, part owner, 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, I have Signed this Certificate on Day of
STATE OF NEW YORK) COUNTY OF TIOGA) 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)

CERTIFICATE OF BUSINESS

Business Name:	
Business Address:	
Business Phone:	
Fax:	-
Email:	
Web Address:	_
Type of Business:	
NAICS Code:	_
Chief Executive Officer:	_
Number of Employees:	