

County Clerk

COUNTY OF ROCKLAND OFFICE OF THE COUNTY CLERK

1 SOUTH MAIN STREET, SUITE 100 NEW CITY, NEW YORK 10956 Phone (845) 638-5070 Fax (845) 638-5647 Website: rocklandcountyclerk.com

Deputy County Clerks: Jamie Maraia Joseph Alongi William Phillips

## **BUSINESS CERTIFICATE**

SOLE PROPRIETOR

My full name and place of residence is
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Name:

Address:

Phone No.:

I HEREBY CERTIFY that I am conducting or transacting business in Rockland County as a Sole Proprietor, pursuant to Section 130 of the New York State General Business Law, under the name or designation and at the address of:

Name:

Address:

Phone No.:

I FURTHER CI	ERTIFY that I	am successor i	n interest to:_
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(*Name of former owner of business, if applicable.*) I FURTHER CERTIFY that I am years of age (if under 18).

Please designate the type of business:

Consultant	Medical - Home Care Services
Educational Services	Professional - Technical Services
Entertainment - Recreation	Real Estate Services
Finance - Insurance Service	Retail Trade
Home Improvement Services	Wholesale Trade
On-Line Services	Other

IN WITNESS WHEREOF, I hereby sign this certificate the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

ACKNOWLEDGEMENT IN NEW YORK STATE (RPL 309-a)

State of New York County of Rockland

On\_\_\_\_\_before me,

the undersigned, personally appeared\_\_\_\_\_

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon their behalf of which acted, executed the instrument.

ss.:

(Signature and office of individual taking acknowledgement)