

CHAUTAUQUA COUNTY CLERK
1 N. ERIE ST. MAYVILLE NY 14757
716-753-4331



Certificate: BC _____

BUSINESS CERTIFICATE

SOLE PROPRIETOR

I HEREBY CERTIFY THAT I AM CONDUCTING BUSINESS OR TRANSACTING BUSINESS IN THE NAME OR DESIGNATION:

Name of Business _____

Address of Business	City	State	Zip code
CHAUTAUQUA	()	NY	
County	Telephone		

MY FULL NAME IS: (PRINT)

First name	Middle name	Last Name
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My Address is:

Street	City	State	Zip code
CHAUTAUQUA	()	NY	
County	Telephone		

I FURTHER CERTIFY that I am the successor in interest to:

Previous Business Name _____	Previous Business Owner _____
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IN WITNESS WHEREOF, I have signed this certificate

on this ____ day of _____ 20__

Signature _____
Age if under 18 _____

STATE OF NEW YORK
COUNTY OF CHAUTAUQUA

On _____ before me, the undersigned, a Notary Public in and for said State, personally appeared

_____ Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(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.

Notary Public