



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

BUSINESS CERTIFICATE PARTNERSHIP

THE UNDERSIGNED DO HEREBY CERTIFY THAT THEY ARE CONDUCTING OR TRANSACTING BUSINESS AS MEMBERS OF A PARTNERSHIP UNDER THE NAME OR DESIGNATION:

Name of Business _____

NY

Address of Business _____

City _____

State _____

Zip code _____

CHAUTAUQUA _____

() _____

County _____

Telephone _____

THE UNDERSIGNED FURTHER CERTIFY THAT THE FULL NAMES AND ADDRESSES OF EACH OF THE PERSONS CONDUCTING OR TRANSACTING SUCH PARTNERSHIP ARE AS FOLLOWS: (PRINT)

First name	Middle Initial	Last name	Street Address	Zip	State	Age*
					NY	
					NY	
					NY	
					NY	
					NY	

All above addresses are in the County of CHAUTAUQUA

*AGE NEEDED ONLY IF UNDER 18

IN WITNESS WHEREOF, I have signed this certificate

SIGNATURE	DATE

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

(Additional Notary Acknowledgements on back if needed)