

# Business Certificate for Partners

**The undersigned do hereby certify** that they are conducting or transacting business as members of a partnership or under the name or designation of

\_\_\_\_\_ / \_\_\_\_\_  
(name of partnership)

at \_\_\_\_\_, \_\_\_\_\_ County of Erie,  
(Address) (City / Town)  
State of New York \_\_\_\_\_.  
(Zip Code)

The full names of all the persons conducting or transacting such partnership including the full names of all the partners with the residence address of each such person, and the age of any who may be infants, are as follows:

\_\_\_\_\_  
(Name) (Include age ONLY if under 18 years) (Address – city/town , state and zip code)

\_\_\_\_\_  
(Name) (Include age ONLY if under 18 years) (Address – city/town, state, and zip code)

\_\_\_\_\_  
(Name) (Include age ONLY if under 18 years) (Address – city/town , state and zip code)

\_\_\_\_\_  
(Name) (Include age ONLY if under 18 years) (Address – city/town , state and zip code)

(add additional pages, if necessary to show additional names)

**We do further certify** that we are successors in interest to \_\_\_\_\_  
(name of partnership)

the person or persons heretofore using such name or names to carry on or conduct or transact business

**In Witness Whereof**, we have signed this certificate on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(date) (month) (year)

\_\_\_\_\_  
(sign and print name)

(add additional pages,  
if necessary for  
additional signatures)

\_\_\_\_\_  
sign and print name)

\_\_\_\_\_  
(sign and print name)

\_\_\_\_\_  
(sign and print name)

State of New York  
County of Erie } SS.:

On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, the undersigned, 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) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of individual taking acknowledgement)  
Affix seal/stamp