Certificate of Doing Business Under Assumed Name ("D/B/A")

FOR MORE THAN ONE PERSON USING THE SAME DBA

Albany County Clerk’s Office, 16 Eagle Street, Room 128, Albany NY 12207  (518) 487-5100
Bruce A. Hidley, Albany County Clerk - www.albanycounty.com/clerk/

IT IS ESSENTIAL THAT YOU PLEASE PRINT CLEARLY OR TYPE THIS FORM!
PURSUANT TO SECTION 130 OF THE GENERAL BUSINESS LAW OF NEW YORK STATE

We certify that our names and full addresses are as follows, and that we are all eighteen years of age or older (or, if less than eighteen, state age next to name):

We intend to do business in A L B A N Y C O U N T Y at the following address:

________________________________________________________________________
in (city or town) ___________________________, New York, zip code: ________________

We will do business under the name ____________________________________________

(Optional) We further certify that we are the successor in interest to the following person(s), who formerly used this name or names to conduct or transact business (person’s name) _____________________________________________

In witness whereof the undersigned has/have made and signed this Certificate on the date shown.

Signature: ___________________________________________________________ Date:______________________

Signature: ___________________________________________________________ Date:______________________

Signature: ___________________________________________________________ Date:______________________

Signature: ___________________________________________________________ Date:______________________

STATE OF NEW YORK )
COUNTY OF ALBANY ) SS.:

On this _____________ day of ______________________, 20__, before me, the undersigned, personally appeared

______________________________________________________________________________

(personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and who each 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 behalf of which the individual acted, executed the instrument.

(signature and office of individual taking acknowledgment – Notary Public or Commissioner of Deeds)

Instructions: Complete the form BUT DO NOT SIGN IT until in the presence of a Notary Public or Commissioner of Deeds. For multiple signatures, all signers must appear before the Notary or Commissioner of Deeds. My staff are Commissioners of Deeds and can witness your signature(s) at no charge if you wish. Bring the form with you to the Albany County Clerk’s office at 16 Eagle Street, Room 128, Albany, NY 12207, public entrance is on Lodge Street, together with $25 in cash (or a certified check payable to “Albany County Clerk.”) You will want at least one certified copy at $5 per copy. Our office hours are 9AM to 4:45PM Monday through Friday except holidays. If you have any questions on this filing, please call us at (518) 487-5100. There are other forms for Partnerships filing DBAs, as well as termination forms. These may be purchased at legal supply stores or prepared by your attorney. Legal questions should always be addressed by an attorney.

We appreciate your business!
Bruce A. Hidley, Albany County Clerk

DBA3: 1/2014