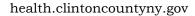


e-mail: \_

## **Clinton County Health Department**

133 Margaret Street, Plattsburgh, New York 12901-2926

## "Working Together for a Healthier Community"





Environmental Health & Safety Division Phone: (518) 565-4870 Fax: (518) 565-4843

	CORPORATION	OFFICER & PARTNER FORM
NAME OF FACILITY		
NAME OF CORPORATION or L Use the name found on the we http://www.dos.ny.gov/corps/b	ebsite maintained by the New York	State Department of State, Division of Corporations,
NAME OF PARTNERSHIP		
corporation, limited liability comp	pany (LLC) or partnership. One form	ty Health Department regulated facilities operated and/or owned by a must be completed for each corporation, LLC or partnership involved in the and submitted every year or each time there is a change in officers or partners.
Officers of Corporation; Membe	ers of LLC; or Partners:	
NAME	TITLE	PERMANENT MAILING ADDRESS
Name, title, and address of the facility:	the Responsible Corporate Off	ficer for the facility or the managing partner that is responsible for
NAME	Т	ITLE PERMANENT MAILING ADDRESS
Are any of the officers, State or the Clinton Co		olved in the operation or ownership of any other facility regulated by New York
□ Yes □ No	If yes, please list the name(s	) and the facility(ies) below:
NAME	FA	CILITY FACILITY ADDRESS
	the Clinton County Clerk's Office? [athe NYS Department of State? ]	
Date Completed	Name of Preparer	Title of Preparer:
Signature	TeTeTeTe	elephone Number



# INFORMATION REGARDING CORPORATION OFFICER, LLC MEMBER, AND PARTNERSHIP FORM

#### \*\*\*IMPORTANT\*\*\*

If your facility receives an operating permit from the Clinton County Health Department and your facility is owned/operated by a corporation, LLC or partnership, a duly authorized officer or representative must submit a certified copy of a resolution of the board of directors of the corporation or a certified copy of the operating agreement for the LLC authorizing the making of an application to operate.

If your facility is **<u>owned and/or operated</u>** by a corporation, LLC or a partnership (more than one person, excluding husband and wife), **<u>all</u>** officers, titles and addresses must be listed on the reverse of this form.

If your facility is issued a Clinton County Health Department Permit, a permit will not be issued for any corporation, LLC or partnership unless all officers, members, and partners are listed and a Responsible Corporate Officer or managing partner has been identified. The Responsible Corporate Officer is the officer or member who makes the majority of the day-to-day decisions about the operation of the facility and who makes decisions on how or when the facility will comply with applicable laws and regulations.

### **CORPORATIONS and LLCs**

If you are operating under a corporation or company name, you must be registered with the NYS Department of State regardless of whether your corporation or company is registered in another state. Please contact the NYS Division of Corporation, State Records and UCC, One Commerce Plaza, 99 Washington Avenue, 6<sup>th</sup> Floor, Albany, NY 12231-0001; (518) 473-2492, http://www.dos.ny.gov/about/contact.asp?DCode=CORP

The New York Department of State will notify the Clinton County Clerk of all registered Corporations.

## **PARTNERSHIPS**

For facilities operating as a partnership, you must have a DBA (**D**oing **B**usiness **A**s) Partners Certificate. This must be on file with the Clinton County Clerk's Office.

## **DBA FOR INDIVIDUALS**

If you operate your facility under a business name or an assumed name (i.e., Jim's Tavern, Jim's Pool, etc.....) and not as a corporation, LLC or partnership, you are required to have a DBA Individual's Certificate on file with the Clinton County Clerk. The Clinton County Clerk's address is:

137 Margaret Street Plattsburgh, NY 12901 (518) 565-4700

PLEASE NOTE: All Corporations, LLCs, partnerships, or DBA Individual Certificates must be registered with the appropriate agency as outlined in Article 9B, Section 130 of the NYS General Business Law. It is a misdemeanor for people or persons to carry on, conduct, or transact businesses who knowingly fail to comply with Section 130.

It is your responsibility to register your facility with the appropriate agency.