

Be it known.....

A meeting of the corporation of \_\_\_\_\_,  
(Name of Corporation)

\_\_\_\_\_, was held for the purpose of  
(City & State)

authorizing renewal of a Department of Health Permit to Operate.

\_\_\_\_\_ motioned to authorize and  
(Name)

\_\_\_\_\_ seconded the motion to authorize pursuit  
(Name)

of a permit to operate from the Clinton County Health Department.

Motion was passed unanimously by corporation officers/partners  
present.

Signed:

\_\_\_\_\_

Dated:

\_\_\_\_\_



**CLINTON COUNTY HEALTH DEPARTMENT**

133 Margaret Street  
Plattsburgh, NY 12901

Phone: (518) 565-4870 Fax: (518) 565-4843

[www.clintoncountygov.com](http://www.clintoncountygov.com)

**NAME OF FACILITY** \_\_\_\_\_

**NAME OF CORPORATION** \_\_\_\_\_

**INSTRUCTIONS:** This form must be completed for all Clinton County Health Department regulated facilities operated and/or owned by private corporations or partnerships. One form must be completed for each corporation or partnership involved in the operation or ownership of the facility. This form must be completed and submitted every year or each time there is a change in officers or partners.

NAME	TITLE	PERMANENT MAILING ADDRESS

Are any of the officers or partners presently involved in the operation or ownership of any other facility regulated by the NYS or the Clinton County Sanitary Code?

Yes    No      If yes, please list the name(s) and the facility(ies) below:

NAME	FACILITY	FACILITY ADDRESS

Are you registered with the Clinton County Clerk's Office or the NYS Department of State?    Yes    No

Date Completed \_\_\_\_\_      Name of Preparer \_\_\_\_\_

Telephone Number \_\_\_\_\_      Signature \_\_\_\_\_

ATTACH ADDITIONAL SHEETS TO CONTINUE LISTINGS

## INFORMATION REGARDING CORPORATION OFFICERS 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, a duly authorized officer or representative of the corporation must submit a certified copy of a resolution of the board of directors of the corporation, authorizing the making of an application to operate.***

If your facility is owned and/or operated by a Corporation or a Partnership (more than one person, excluding husband and wife), all 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 or Partnership unless all officers/partners are listed.

### **CORPORATIONS**

If you are operating under a Corporation name, you must be registered with the NYS Department of State regardless of whether your Corporation is registered in another state. Please contact the NYS Division of Corporation and State Records, 162 Washington Avenue, Albany, NY 12231 - (518) 473-2492.

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 (Doing Business As) Partners Certificate. This must be on file with the Clinton County Clerk's Office.

### **DBA FOR INDIVIDUALS**

If you operated your facility under a business name or an assumed name (i.e., Jim's Tavern, Jim's Pool, etc.....) and not as a Corporation 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, 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.**