

**CERTIFICATE OF RESOLUTION  
FOR AUTHORIZATION**

The undersigned, \_\_\_\_\_ of \_\_\_\_\_

Name of Corporation \_\_\_\_\_, a corporation

Duly organized and validly existing under the laws of (State) \_\_\_\_\_

Hereby certifies that the following resolution was duly adopted by the Board of Directors, of said Corporation at a meeting duly called and held on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Be it resolved that the Board of Directors, or President, if there is no Board of Directors, of (Name of Corporation) \_\_\_\_\_

With Offices at: \_\_\_\_\_

Hereby authorized (Name if person authorized): \_\_\_\_\_

To execute and deliver to the Westchester County Department of Health, for and on behalf of said Corporation, and application for a permit to operate (type of operation): \_\_\_\_\_

To execute and deliver any and all additional documents which may be appropriate or desirable in Connection therewith.

The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.

**In WITNESS WHEREOF**, the undersigned has duly executed this certificate on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

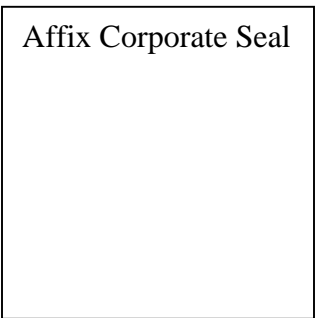
**OFFICER'S SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ACKNOWLEDGEMENT**

**STATE OF** \_\_\_\_\_)

**COUNTY OF** \_\_\_\_\_): **ss:**



One this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_ of \_\_\_\_\_ the corporation referred to in the within Certificate of Resolution, who being by duly sworn did depose and say that (s)he is \_\_\_\_\_ of said corporation and that (s)he signed his/her name thereto.

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
County