INCUMBENCY CERTIFICATE FOR CORPORATION

 , Corporation

I (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do hereby certify that:

1. I am the duly elected and acting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of said above Corporation, organized and existing in good standing under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_ (the "Company").
2. A copy of the Articles of Incorporation is included in our application packet along with any amendments.
3. All members of the LLC must be listed below including the applicants going on the alcoholic beverage application.
4. The following persons constitute all of the Authorized Persons (e.g., Members and Managers) of the Company (in the capacities indicated), and the signatures set forth after their names and titles are their true and genuine signatures. All members must be listed below even though they will not be on the Liquor License.

|  |  |  |
| --- | --- | --- |
| Name | Member or Manager | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I swear and affirm that all the facts on this Incumbency Certification for LLC to be the truth and nothing but the truth.

Signature of Licensee’s Printed Name of Licensee

Signature of Licensee’s Printed Name of Licensee

Signature of Licensee’s Printed Name of Licensee

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS CERTIFIES, That on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, before me, a notary public of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Write Printed Name from ID online below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appeared before me and I the Notary Public acknowledged the execution of the aforegoing statement to be voluntary and true act.

Witness my hand and official seal.

(SEAL)

 My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL DOCUMENTS MUST BE NOTARIZED BEFORE BRINGING THEM IN.**

**Separate copies of this page can be made for Licensee’s signatures to be Notarized.**