

**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 _____ 20_____

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 : _____

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The undersigned further certifies that said resolution has not been revoked, rescinded or modified and remains in full force and effect on the date hereof.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