

**Addendum B**  
**Payroll Self-Certification**

**(To be completed if Applicant is DOES NOT have Employees)**

I (*name of business owner*) \_\_\_\_\_, owner of (*Business Name*) \_\_\_\_\_ hereby declare that the above-named business does not have any employees on payroll.

The contents above, and the assertions made herein, are true to the best of my knowledge.

\_\_\_\_\_  
Signature – Business Owner

\_\_\_\_\_  
Date

**STATE OF NEW YORK**    )  
  )ss  
**COUNTY OF ERIE**        )

On the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me, the undersigned, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

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