



**Maryland Department of Agriculture
MARYLAND AGRICULTURE WATER QUALITY COST-SHARE PROGRAM**

CERTIFICATE OF SOLE PROPRIETORSHIP

I CERTIFY THAT _____,
NAME OF ENTITY

_____, is a sole proprietorship and I am the only signer.
SOCIAL SECURITY/FEDERAL TAX ID #

SIGNATURE OF SOLE OWNER OF ENTITY

PRINTED NAME OF SOLE OWNER

____/____/_____
DATE

This Certificate of Sole Proprietorship shall continue to be in full force and effect until express written notice of modification or termination has been received by the Maryland Department of Agriculture