#\_\_\_\_\_

## **CERTIFICATE OF TRADE NAME**

## MIDDLESEX COUNTY, NJ

Please Print or Type Clearly

## THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING:

- 1. THE NAME UNDER WHICH THE UNDERSIGNED IS ABOUT TO TRANSACT BUSINESS.
- 2. THE LOCATION WHERE THE SAID BUSINESS WILL BE CONDUCTED.
- 3. THE TYPE OF BUSINESS TO BE CONDUCTED BY THE UNDERSIGNED.
- 4. THE FULL NAME(S) AND ADDRESSES OF EACH PERSON(S) CONNECTED WITH THE SAID BUSINESS OWNER(S).

## **BUSINESS INFORMATION**

Trade Name:	
<b>Business Address:</b>	
Town:	Zip Code:
Description of Busine	ess:
(Do	OWNER(S) INFORMATION  Not Sign Or Take The Oath Until in the Presence of a Notary Public)
Owner #1 Name:	
Signature:	
Owner #2 Name:	
Signature:	
Owner #3 Name: _	
Signature:	
Owner #4 Name:	
City/State/Zip:	
Signature:	
We do hereby appoint our attorney in fact, up	the County Clerk of the County of Middlesex, in the State of New Jersey, and her successors in office on whom may be served all process affecting the aforesaid business and trade name.
And we do further agr served upon us within	ee that any process against the aforesaid County Clerk so served, shall be of the same effect as if duly this State.
STATE OF NEW J	
Being duly sworn, say	that all of the above person(s) named in the foregoing certificate swore before me that the statements
contained therein are t	rue, accurate and complete. Subscribed and sworn to before me thisday of
Notary Public	