#_____

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: _____

Business Address: _____

Town: _____ **Zip Code:** _____

Description of Business: _____

_____

OWNER(S) INFORMATION

(Do Not Sign Or Take The Oath Until in the Presence of a Notary Public)

Owner #1 Name: _____

Residence: _____

City/State/Zip: _____

Signature: _____

Owner #2 Name: _____

Residence: _____

City/State/Zip: _____

Signature: _____

Owner #3 Name: _____

Residence: _____

City/State/Zip: _____

Signature: _____

Owner #4 Name: _____

Residence: _____

City/State/Zip: _____

Signature: _____

To be completed only if any of the owner(s) live out of state:

We do hereby appoint the County Clerk of the County of Middlesex, in the State of New Jersey, and her successors in office, our attorney in fact, upon whom may be served all process affecting the aforesaid business and trade name.

_____

And we do further agree that any process against the aforesaid County Clerk so served, shall be of the same effect as if duly served upon us within this State.

STATE OF NEW JERSEY
COUNTY OF MIDDLESEX

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 true, accurate and complete. Subscribed and sworn to before me this _____ day of _____, 20 _____ .

_____

Notary Public

You may want to consult an Attorney for guidance and direction in these matters.

N.J.S.A. 56-1-1