



TRADE NAME CERTIFICATE

The undersigned do/does hereby certify that he/she /they own, conduct & transact the business of:

(TYPE OF BUSINESS)

under the assumed name of: _____
(NAME OF BUSINESS)

and that the address of said business is as follows:

(ADDRESS OF BUSINESS) (Your Telephone Number)
and that there are no other persons associated with the undersigned in the conduct of said business; and that address/addresses given below is/are correct.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand at Stratford, Connecticut this _____ day of _____, 20__.

Name: _____
PRINT SIGNATURE

Residence Address: _____

Name: _____
PRINT SIGNATURE

Residence Address: _____

I also understand and agree that I am responsible to notify the Town of Stratford if any changes occur in my business by the filing of a Trade Name Amendment Form: Fee: \$5.00.

I also understand and agree that I am responsible to notify the Town of Stratford if I close my business with the filing of a Trade Name Termination Form: Fee: \$5.00.

STATE OF CONNECTICUT}
COUNTY OF FAIRFIELD } ss: Stratford

On this _____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____ and satisfactorily proven to be the **person/s** whose name is subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

IN WITNESS WEREOF I HEREUNTO SET MY HAND.

Notary Public My Commission Expires: _____

The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk of the Town of Stratford, Connecticut.

Attest: _____
TOWN CLERK

Please Retain a Copy of This Form For Your Records
Filing Fee For Trade Name Certificate: \$10.00