

CERTIFICATE OF TRADE NAME

File#

DATE _____

TO THE CITY CLERK OF MERIDEN, CT.

I, _____, Name of business owner, conducting and transacting
business in said city of **MERIDEN** under the full name of
_____, which address is
_____.

The type of Business conducted : _____

The full name of every person conducting and/or transacting said
business, with a postal address of:

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

Date

State of Connecticut

ss. Meriden

County of New Haven

On the ____ day, month of _____ 20____, before me the undersigned
officer, personally appeared _____, known to me (or
satisfactorily proven) to be the person whose name is subscribed to the
above instrument and acknowledged that he/she executed the same for the
purposes therein contained. In witness whereof I set my hand.

- _____
☐ City Clerk
☐ (Asst.)City Clerk
☐ Notary Public
☐ Commissioner of the Superior Court