

CERTIFICATE OF TRADE NAME

File# _____
DATE _____

TO THE CITY CLERK OF MERIDEN, CT.

I, _____, conducting and transacting
Name of business owner

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 _____

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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
Rev. 06/2017