

Stratford Town Hall, 2725 Main Street, Stratford, CT 06615 Phone: 203-385-4020 • Fax: 203-385-4005 www.townofstratford.com



TRADE NAME CERTIFICATE

The undersigned <u>do/does</u> hereby certify that <u>he/she /they</u> 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)
address/addresses given below is/are correct.	with the undersigned in the conduct of said business; and that
**************************************	**************************************
this day of, 20	,, rand de straiger by commentate
Name:PRINT	SIGNATURE
Residence Address:	
Name:PRINT Residence Address:	SIGNATURE
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: \$10.00.	
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: \$10.00.	
STATE OF CONNECTICUT	} ss:
COUNTY OF	
On this day of	_, 20, before me, the undersigned notary public, personally
appearedand 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.	
My Commission Expires: Notary Public	
The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk, Stratford, CT.	
Attest: Town Clerk	

Please Retain a Copy of This Form For Your Records Filing Fee: \$10.00. Please make check payable to: "Town of Stratford"

Effective: 1/1/2021