**After Filing Return To:**

 **Town of New Milford**
 Town Clerk
 10 Main Street
 New Milford, CT 06776
 (860) 355-6020

**$10.00 Filing Fee – Check Made Payable To: “Town Clerk”**

CERTIFICATE OF TRADE NAME

[ I am / We are ] conducting and transacting business in said town of New Milford, Connecticut, under the full name of

Type of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS:

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The full name of every person conducting or transacting said business, together with the street address of each said person is as follows:

Name Street Address

Name Street Address

 Signature

 Signature

STATE OF , COUNTY OF ss.

The foregoing instrument was acknowledged before me this day of ,
20 by ONLY.

*Town Clerk-Justice of the Peace-Commissioner of Superior Court* *Notay Public – My Commission Expires:*

*Printed Name:*