DISCONTINUANCE OF TRADE NAME

Please Print or Type Clearly
BERGEN COUNTY CLERK
JOHN S. HOGAN, COUNTY CLERK
One Bergen County Plaza, Room 120
Hackensack, NJ  07601   Phone # 201-336-7006
Website: www.co.bergen.nj.us/countyclerk/

THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING:

1. THE NAME UNDER WHICH THE UNDERSIGNED WAS CONDUCTING BUSINESS.
2. THE LOCATION WHERE THE SAID BUSINESS WAS CONDUCTED.
3. THE TYPE OF BUSINESS THAT WAS CONDUCTED BY THE UNDERSIGNED.
4. THE FULL NAME(S) AND ADDRESS OF EACH PERSON(S) CONNECTED WITH THE SAID BUSINESS AS OWNER(S).
5. THAT THE BUSINESS HAS BEEN DISCONTINUED.

Trade Name: ____________________________________________________________
Business Address: _______________________________________________________
Town: ___________________________________ Zip Code: _______________________
Description of Business: ___________________________________________________
Date Registered: __________________________ Original Trade Name No.: ____________
Business Phone: _________________________________________________________

OWNER(S) INFORMATION
(Do Not Sign Until in the Presence of a Notary Public)

Owner #1  Name: ___________________________________________________________
           Residence: ____________________________________________________________________
           City/State/Zip: ___________________________ Cell #: _____________________________
           Home Phone #: ___________________________ Cell #: _____________________________
           Signature: ___________________________________________________________________

Owner #2  Name: ___________________________________________________________
           Residence: ____________________________________________________________________
           City/State/Zip: ___________________________ Cell #: _____________________________
           Home Phone #: ___________________________ Cell #: _____________________________
           Signature: ___________________________________________________________________

Owner #3  Name: ___________________________________________________________
           Residence: ____________________________________________________________________
           City/State/Zip: ___________________________ Cell #: _____________________________
           Home Phone #: ___________________________ Cell #: _____________________________
           Signature: ___________________________________________________________________

STATE OF NEW JERSEY
COUNTY OF BERGEN
Being each of them duly sworn, depose and say that the statements in the above certificate are true, accurate and complete. Subscribed and sworn to before me this _______ day of ___________________.

Notary Public
N.J.S.A. 56:1-1

Notice: This form is provided as a convenience to the customers of the Bergen County Clerk. It does not imply legal advice as to the form or its content. The filing of this Trade Name Certificate does not preclude the use of this name by an incorporated entity.