



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: _____

Home Phone #: _____ **Cell #:** _____

Signature: _____

Owner #2 Name: _____

Residence: _____

City/State/Zip: _____

Home Phone #: _____ **Cell #:** _____

Signature: _____

Owner #3 Name: _____

Residence: _____

City/State/Zip: _____

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.