



DISSOLUTION 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.bergencountyclerk.gov

TO WHOM IT MAY CONCERN:

We hereby certify that the partnership heretofore existing under the firm or name is dissolved and no longer exists.

Trade Name: _____
Business Address: _____
Town: _____ **Zip Code:** _____
Description of Business: _____
Date Registered: _____ **Original Trade Name No.:** _____
Business Phone: _____

The true names and addresses of the persons who have carried on the business are as follows:
(Do Not Sign Until in the Presence of a Notary Public)

Owner #1 Name: _____
Residence: _____
City/State/Zip: _____
Signature: _____

Owner #2 Name: _____
Residence: _____
City/State/Zip: _____
Signature: _____

Owner #3 Name: _____
Residence: _____
City/State/Zip: _____
Signature: _____

AND SAID BUSINESS WILL BE CONTINUED BY:

Owner #1 Name: _____
Residence: _____
City/State/Zip: _____

Owner #2 Name: _____
Residence: _____
City/State/Zip: _____

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.