



CERTIFICATE 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

THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING:

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

OWNER(S) INFORMATION

(Do Not Sign Or Take The Oath 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: _____

TO BE COMPLETED ONLY IF ANY OF THE OWNER(S) LIVE OUT OF STATE:

We do hereby appoint the Clerk of Bergen County, in the State of New Jersey, and his/her successors in office, our attorney in fact, upon whom may be served all process affecting the aforesaid business and trade name . And we do further agree that any process against the aforesaid Clerk of Bergen County be served, shall be of the same effect as if duly served upon the non-resident owner(s)/partner(s).

**STATE OF NEW JERSEY
COUNTY OF BERGEN**

The undersigned being duly sworn, say that all of the above person(s) named in the foregoing certificate swore before me that the statements contained therein are true, accurate and complete. Subscribed and sworn to before me this _____ day of _____.

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