

**CERTIFICATE OF TRADE NAME**

File#  
DATE \_\_\_\_\_

TO THE CITY CLERK OF MERIDEN, CT.

I, \_\_\_\_\_, conducting and transacting  
Name of business owner

business in said city of **MERIDEN** under the full name of

\_\_\_\_\_, which address is

\_\_\_\_\_.

The type of Business conducted : \_\_\_\_\_

The full name of every person conducting and/or transacting said  
business, with a postal address of:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

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\_\_\_\_\_  
Date

State of Connecticut \_\_\_\_\_

ss. Meriden

County of New Haven

On the \_\_\_ day, month of \_\_\_\_\_ 20 , before me the undersigned  
officer, personally appeared \_\_\_\_\_, known to me (or  
satisfactorily proven) to be the person whose name is subscribed to the  
above instrument and acknowledged that he/she executed the same for the  
purposes therein contained. In witness whereof I set my hand.

- City Clerk  
 (Asst.) City Clerk  
 Notary Public  
 Commissioner of the Superior