

TRADE NAME CERTIFICATE

Vol. _____ Pg. _____

To the Town Clerk of the Town of Willington:

_____ conducting business in said Town of Willington
(I am, We are or Name of Company is)

under the full name of _____
(Name of Business)

Located at: _____ Phone # _____

Type of Business Conducted: _____

The full name of every person conducting, or transacting said business, together with the post office address of each said person(s) is as follows:

Name _____ Mailing Address: _____

Name _____ Mailing Address: _____

Name _____ Mailing Address: _____

Name _____ Mailing Address: _____

Signed: _____

Signed: _____

Signed: _____

Signed: _____

State of Connecticut

County of Tolland ss: Willington

Date: _____

Personally Appeared: _____

Signer(s) and sealer(s) of the foregoing instrument and acknowledged the same to be his/her/their free act and deed, before me.

Notary Public

My Commission Expires

State of Connecticut

County of Tolland ss: Willington

Date: _____

Personally Appeared: _____

Signer(s) and sealer(s) of the foregoing instrument and acknowledged the same to be his/her/their free act and deed, before me.

Notary Public

My Commission Expires

THIS SECTION FOR TOWN CLERK ONLY

Received this _____ day of _____, 20____ at _____ AM/PM

Town Clerk/ Assistant Town Clerk

A fee of \$10.00 shall be submitted with this application.