

FILE NUMBER.....

TRADE NAME CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS,

The undersigned do hereby certify that h own conduct and transact the business of under the assumed name of

and that the Post Office address of said business is

And that there are no other persons associated with the undersigned in the conduct of said business; and that the post office address given below is/are correct:

IN WITNESS WHEREOF, have hereunto set hand at Trumbull this day of , 20 .

Name.....

Address.....Signature.....

Name.....

Address.....Signature.....

STATE OF CONNECTICUT

SS: TRUMBULL

COUNTY OF FAIRFIELD

On this the day of 20 , before me, the undersigned officer, personally appeared known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

.....

.....

Title of Officer

The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk of the Town of Trumbull

Attest:

.....

ZONING APPROVAL

Town Clerk

Residential zone

No outside employees

No business visitors or signs

Date Initials

REVERSE SIDE

CT Drivers License # _____

Expiration Date _____

Date of Birth _____

Telephone Number _____