Sussex County Clerk
83 Spring Street, Suite 304, Newton, NJ 07860
973-579-0900 scclerk@nac.net

CERTIFICATE OF TRADE NAME

Instructions: Print out and complete this form. Be sure to have affidavit signed before a notary; have notary apply seal. Submit form and payment of $50 (cash or money order) to County Clerk's office (see address at left).

(For Recorder's Use Only)

NOTE: *Each business member must sign this form twice — once as to the certificate and once as to the affidavit; the affidavit signature must be notarized.*

We (or I), the undersigned, do hereby certify that we (or I) intend to conduct and transact business under the name of: _____
(Print or type full name of business)

The nature or type of business is: _____

The address of the business is: _____
Street Apt. #

_____
Town State Zip Code

Physical location of business is: _____
(Municipality or Township) (County)

The true and real full name of the person(s) who will transact said business, and the full post office address(es) of said person(s) is (are) as follows:

(Print or type real and full name)	(Print or type full address)
(Print or type real and full name)	(Print or type full address)
(Print or type real and full name)	(Print or type full address)
(Print or type real and full name)	(Print or type full address)

IN WITNESS WHEREOF, we (or I) have hereunto signed and sealed this certificate dated _____. Each of the undersigned who is not resident in the State of New Jersey constitutes the County Clerk of the County of Sussex, State of New Jersey, and his successors in office, his true and lawful attorney, upon whom all original process in an action or legal proceeding against him for any debt, damages or liability, contracted or incurred by him, in or growing or of, the transaction of said business in the State of New Jersey, may be served on said County Clerk shall be of the same force and validity as if served upon him and that such authority shall continue in force so long as he transacts said business in the State of New Jersey.

Signed, sealed and delivered in the presence of:

(Signature of Business Member) (Signature of Business Member)

(Signature of Witness) (Signature of Business Member) (Signature of Business Member)

EACH MEMBER OF THE FIRM MUST SWEAR TO THE FOLLOWING AFFIDAVIT:
The undersigned, being duly sworn upon his, her or their oath, according to law, say that he, she or they have read the foregoing certificate and that the statements therein are true.

State of New Jersey, County of Sussex,
Sworn and subscribed to before me
this _____ day of _____
A.D., 20 ___ .

(Signature of Business Member) (Signature of Business Member)

(Signature of Business Member) (Signature of Business Member)

_____
Signed by Attorney, Notary Public or other person authorized under law to take oath in New Jersey.