



OFFICE OF THE CAMDEN COUNTY CLERK
 COURTHOUSE ROOM 102 • 520 MARKET STREET • CAMDEN NJ 08102
 (856) 225-5300

CERTIFICATE OF TRADE NAME

This is to certify that:

The following statement is made by the undersigned pursuant to the provisions of N.J.S.A. 56:1-1 et seq. (“Business and Partnership Names”):

1. The name of the individual(s) registering the business is (are):

2. The name under which the business is to be conducted is:

3. The nature of the business is: _____

For Clerk’s Office Use Only

4. The address of the business is: _____

5. The physical location of the business is: _____

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

(Name) (Street) (City) (State) (Zip Code)

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

Witnessed by:

_____ (SIGNATURE OF REGISTRANT) _____ (SIGNATURE OF REGISTRANT)
 _____ (SIGNATURE OF WITNESS) _____ (SIGNATURE OF REGISTRANT) _____ (SIGNATURE OF REGISTRANT)

EACH MEMBER OF THE BUSINESS MUST SWEAR OR AFFIRM TO THE FOLLOWING AFFIDAVIT:

I (We), the undersigned, of full age, being duly sworn according to law, on their oath say, that they are the person(s) who made out the foregoing certificate, and that the statements therein made are true and correct in each and every particular.

**State of New Jersey, County of Camden,
 Sworn and subscribed to before me this**

_____ (SIGNATURE OF REGISTRANT) _____ (SIGNATURE OF REGISTRANT)

_____ day of _____, _____
 (Day) (Month) (Year)

_____ (SIGNATURE OF REGISTRANT) _____ (SIGNATURE OF REGISTRANT)

 SIGNED BY NOTARY PUBLIC, ATTORNEY OR OTHER PERSON
 AUTHORIZED UNDER LAW TO TAKE OATH IN NEW JERSEY

Contact Phone # () - _____