



(You may want to consult an Attorney for guidance and direction in these matters.)

CERTIFICATE OF TRADE NAME CHANGE OF ADDRESS FORM

BARBARA A. NETCHERT
CLERK OF HUDSON COUNTY
(PLEASE TYPE OR PRINT CLEARLY)

THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING:

Trade Name: _____

Business Address: _____

City/Town: _____ Zip Code: _____

Description of Business: _____

New Business Address: _____

City/Town: _____ Zip Code: _____

Business Phone # _____ Tax ID: _____

OWNER'S INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Owner #1 Name: _____

Residence: _____

City/State/Zip: _____

Home Phone #: _____ Cell #: _____

Signature: _____

Owner #2 Name: _____

Residence: _____

City/State/Zip: _____

Home Phone #: _____ Cell #: _____

Signature: _____

Owner #3 Name: _____

Residence: _____

City/State/Zip: _____

Home Phone #: _____ Cell #: _____

Signature: _____

STATE OF NEW JERSEY COUNTY OF HUDSON

The undersigned being duly sworn, say that all of the above person(s) named in the foregoing certificate swore before me that the statements contained therein are true, accurate and complete. Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

ADDITIONAL OWNER'S INFORMATION

(DO NOT SIGN OR TAKE THE OATH UNTIL IN THE PRESENCE OF A NOTARY PUBLIC)

Owner #4 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #5 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Owner #6 Name: _____
Residence: _____
City/State/Zip: _____
Home Phone #: _____ Cell #: _____
Signature: _____

Trade # _____ Processed By: _____ Filed By: _____