



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

## DISSOLUTION OF TRADE NAME

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

### THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING:

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Description of Business: \_\_\_\_\_

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: \_\_\_\_\_

### TO BE COMPLETED ONLY IF ANY OF THE OWNER(S) LIVE OUT OF STATE:

We do **hereby** appoint the Clerk of Hudson County, in the State of New Jersey, and his/her successors in office, our attorney in fact, upon whom may be served all process affecting the aforesaid business and trade name \_\_\_\_\_ . And we do further agree that any process against the aforesaid Clerk of Hudson County be served, shall be of the same effect as if duly served upon the non-resident owner(s)/partner(s).

### 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

N.J.S.A. 56:1-1

**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: \_\_\_\_\_