

PATRICIA H. WILLIAMS  
TOWN CLERK

Telephone: 860-435-5182  
Fax: 860-435-5172  
Email: tsalisbury@snet.net



TOWN OF SALISBURY  
CONNECTICUT

Reply to:  
Town Clerk's Office  
Town Hall  
P.O. Box 548  
Salisbury, Connecticut 06068

**CERTIFICATE OF ADOPTION OF TRADE NAME**  
(To be filed with Town Clerk)

To the Town Clerk of the Town of Salisbury, the following is conducting and transacting business in said Town of Salisbury under the full name of:

\_\_\_\_\_  
(Name of Business)

The Business's street address is: \_\_\_\_\_

The Business's mailing address, if different: \_\_\_\_\_  
\_\_\_\_\_

The full name of every person conducting business or transacting said business, and their mailing address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Connecticut  
County of Litchfield ss: Salisbury Date: \_\_\_\_\_

Personally appeared \_\_\_\_\_  
who subscribed and swore to the truth of the foregoing certificate, and acknowledged that he/she/they executed the same before me.

\_\_\_\_\_  
Town Clerk/Notary Public

Received and filed \_\_\_\_\_  
Indexed in Trade Name Book as Trade Name No. \_\_\_\_\_

\_\_\_\_\_  
Town Clerk

TRADE NAME NUMBER: