

PATRICIA H. WILLIAMS  
TOWN CLERK

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Town Hall  
P.O. Box 548  
27 Main Street  
Salisbury, CT 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 the said Town of Salisbury under the full name of:

**(Name of Business)**

Type 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

ss: Salisbury Date: \_\_\_\_\_

County of Litchfield

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