

DISSOLUTION OF TRADE NAME

PLEASE PRINT OR TYPE
Filing Fee \$25.00
No checks accepted

To: James N. Hogan, Gloucester County Clerk

I, _____
(Name of Business Owner)

hereby CERTIFY that the business heretofore conducted under the fictitious name of:

(Business Name as it appears on Trade Name Certificate)

located at _____

Town _____ State _____ Zip Code _____

and duly registered on the _____ day of _____ with the
County Clerk of the County of Gloucester, was DISSOLVED on this date:

..... Said firm had been composed of the following individuals:

NAME **STREET ADDRESS** MUNICIPALITY

STATE OF NEW JERSEY
COUNTY OF GLOUCESTER

This instrument was acknowledged before me on _____

by _____.

Signature of Notary Public or Attorney

Signature of Deponent