



**CERTIFICATE OF SOLE PROPRIETOR
ADOPTING NAME OTHER THAN HIS OWN**

STATE OF MAINE
Title 31, M.R.S.A., Sec 2

For Office Use Only
Amount Received: _____
Date Received: _____
Received by: _____
Acct # 7

Whenever any person intends to engage in such business as sole proprietor thereof, and to adopt any business name, style or designation other than his own name exclusively, he shall, before commencing business, deposit in the office of the clerk of the city or town in which such business is to be carried on a certificate signed and sworn to by him, setting forth his name and place of residence, the name, style or designation under which the business is to be conducted, and stating that he is the sole proprietor.

BUSINESS NAME

The undersigned hereby certifies that he/she intends to engage in the _____
(Type of business)
Business as sole proprietor thereof, and to adopt the name, style, and/or designation of

(name under which doing business)
In the conduct of said business.

Owner Name		Business Physical Address
Owner Current Residence		Business Mailing Address
Owner Phone		Business Phone
Email Address		

Signature of Applicant (sign before Notary Public or Attorney) Date _____

INFORMATION BELOW MUST BE COMPLETED BY A NOTARY OR ATTORNEY

STATE OF MAINE Date _____
Sagadahoc County
Then _____ personally appeared and made oath to the foregoing certificate that the same is true
Before me, _____
Attorney or Notary Public (Commission Expires _____)

This Certificate shall be deposited in the office of the clerk of the municipality in which the business is to be conducted. A one- time \$10.00 Fee will be collected