

Fee \$10.00



File No. _____

TOWN OF GLOCESTER
TRADE NAME CERTIFICATE

Filed under the provisions of Rhode Island General Laws 6-1-1. Filing of Assumed Name

APPLICANTS' FULL NAME: _____

is the owner of the business conducted under the name: _____

LOCATED AT: _____

TYPE OF BUSINESS: _____

CONTACT TELEPHONE #: _____

(Print name)

(Legal Signature)

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In Glocester, in above State and County, before me personally appeared the above named, _____, and _____ does hereby make oath that the above document signed by _____ is true.

Notary Public
Commission Expiration Date: _____