

**TOWN OF BARRINGTON, RHODE ISLAND
CERTIFICATE OF TRADE NAME
Filed under provisions of §6-1-2 of the General Laws of R.I.
1956, as amended.**

DEPARTMENT APPROVALS <i>(Please Initial)</i>
<input type="checkbox"/> BUILDING

This is to certify that I/we, the undersigned,

Full Name _____ Address _____ City/Town _____

Contact Phone _____ Contact E-Mail _____

am/are the sole owner/owners of the business conducted under the name

at _____ Barrington, R.I.
street address

Type of Business _____

Signature of Owner(s):

*******FOR NOTARY USE BELOW*******

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public/Expiration Date

Town Clerk's Office: Date Filed: _____

WITHDRAWAL AS OWNER OR OWNERS

This is to certify that the undersigned is/are no longer connected with the above-named concern and request that my/our name(s) be withdrawn as such owner(s).

Signature

Signature

Witness

Town Clerk's Office: Date Filed: _____

Filing fee \$10.00 payable to the Town of Barrington.

Cc: Building Inspector, Fire Chief, Tax Assessor, Town Planner