



Department of City Clerk
City Hall
Providence, Rhode Island

TRADE NAME CERTIFICATE

I/We, the undersigned, certify that I/we are the owner of the business carried on or conducted or transacted in the City of Providence, Rhode Island, under the following Assumed Business Name.

Business Name: _____

Business Street Address: _____

Providence, RI Zip Code: _____

Business Phone: _____ **Business Email:** _____

Description of Business Operations: _____

Business Owners Name(s) _____

Business Owner Street Address: _____

Business Owner Email(s): _____

DO NOT COMPLETE ANY OF THE BELOW UNLESS IN THE PRESENCE OF A NOTARY PUBLIC

_____ **I UNDERSTAND THAT THIS DOES NOT ENTITLE THE ABOVE MENTIONED**
Initial Here **BUSINESS TO OPERATE AND DOES NOT CONSTITUTE A LICENSE IN THE CITY**
OF PROVIDENCE.

Business Owner(s) Signature: _____

In the City of Providence, County of Providence, State of Rhode Island, on this _____ day of _____ A.D. 20____, before me, the undersigned Notary Public, personally appeared _____ (name of document signer) and proved to me through satisfactory evidence of identification to be the person whose name is signed on this document, and acknowledged that they signed it voluntarily for its stated purpose.

Signed: _____

Notary Public Name: _____

Registration Fee is \$10.00 and must accompany this form.

(Notary Fee and Certified Copy costs are additional.)