

**TOWN OF PHILLIPS
STATE OF MAINE**

**CERTIFICATE OF SOLE PROPRIETOR or PARTNERSHIPS
ADOPTING NAME OTHER THAN HIS OR HER OWN
PURSUANT TO M.R.S.A. Title 31 Chapter 1, §2**

The undersigned hereby certifies that he or she intends to engage in the _____
business as sole proprietor thereof, and to adopt the name, style and designation of
_____ in the conduct of said business
located at _____.

NAME OF PROPRIETOR: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

SIGNATURE OF PROPRIETOR: _____

STATE OF MAINE

_____, **SS**

_____, 20____

Then personally appeared _____ and made
oath to the foregoing certificate, that the same is true.

Before me, _____ Phillips Town Clerk

Received by the Town of Phillips on _____, 20_____.

Attested by the Office of the Town Clerk: _____

Town Clerk

(Note: This form must be completed by sole proprietors or partnerships, and by the town clerk in
the municipality in which the sole proprietorship is located: see Title 31 Chapter1, §2)