

**OFFICE OF THE COUNTY CLERK
COUNTY OF MONMOUTH**

**M. CLAIRE FRENCH
COUNTY CLERK**

**OFFICE OF THE COUNTY CLERK
MARKET YARD, P.O. BOX 1251
FREEHOLD, NJ 07728-1251
732-431-7324**

**PROCEDURE FOR FILING A TRADE NAME
IN MONMOUTH COUNTY**

**IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO
VERIFY THAT THE TRADE NAME CHOSEN IS NOT
CURRENTLY IN USE EITHER IN THIS COUNTY OR IN
THE STATE OF NEW JERSEY AS A CORPORATION.**

1. Search the records in the Deed Room of the County Clerk's Office in Freehold for the availability of the name you wish to file. This will require searching in the computer and in the books.
2. Be aware that filing a trade name is only effective in the county in which it is filed. It is possible that the business name exists in another county or as a corporation in the State of New Jersey.
3. The Certificate of Trade Name must be filled out and notarized in our office. **DO NOT SIGN THE FORM UNTIL YOU ARE IN THE RECORDING OFFICE.** The following will be required:
 - a. Identification (driver's license, passport, etc.)
 - b. \$54.00 – cash, money order, master card or visa
 - c. All parties involved must be present
 - d. Filing fees are non-refundable
4. You will receive two recorded copies of the trade name, one of which your bank may require to open a business account. We will keep the original, and send a copy to the Secretary of State.
5. You must also register your business with the State of New Jersey, Division of Taxation in Trenton (New Business Guide and Information provided when you bring the Trade Name Form in for recording).

PLEASE NOTE THAT INFORMATION BECOMES PUBLIC RECORD

CERTIFICATE OF TRADE NAME

Monmouth County, New Jersey

M. CLAIRE FRENCH, COUNTY CLERK 732-431-7324



The undersigned hereby certifies the following:

1. The name under which the undersigned is about to transact business
2. The location where the said business will be conducted
3. The type of business to be conducted by the undersigned
4. The full name(s) and address of each person(s) connected with the said business as owner(s)

TRADE NAME OR DBA _____

CORPORATION NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY/STATE/ZIP _____

PHONE NUMBER (OPTIONAL) _____

DATE REGISTERED _____

DESCRIPTION OF BUSINESS _____

OWNER #1 NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

SIGNATURE _____

OWNER #2 NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

SIGNATURE _____

OWNER #3 NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

SIGNATURE _____

OWNER #4 NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

SIGNATURE _____

State of New Jersey
County of Monmouth

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Public