**STATE OF MAINE**

**Town of Lisbon**

**CERTIFICATE OF SOLE PROPRIETOR ADOPTING NAME OTHER THAN THEIR OWN***Per Title 31, MRSA §2*

The undersigned hereby certifies that they intend to engage in the  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ business  
as sole proprietor thereof, and to adopt the name style and designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
in the conduct of said business.

*Business Name*

*Type of Business*

NAME: *Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Printed Name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENCE:

PHONE: EMAIL:

**STATE OF MAINE**

**County of Androscoggin, Town of Lisbon**

Date:

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

*Name of Business Owner*

Before me,

*Notary*

*Note: this certificate shall be deposited in the Office of the Clerk of Lisbon. The Clerk is entitled to a fee for recording this Certificate.*

**SO YOU WANT TO FILE A TRADE NAME?**

**Certificate of Sole Proprietor  
Adopting Name Other Than Their Own**

OWNER’S NAME:

BUSINESS/ADOPTED NAME:

Date:

LISBON TOWN CLERK’S OFFICE

Date Received:   
Time Received:

Recorded in Book #   
On Page #

Attest:

*Clerk*

*Please read this notice in advance so we may serve you better.*

1. You may NOT file a Trade Name with the Secretary of State. The law makes no provisions for such a filing.
2. If you are not incorporated and do not wish to be incorporated, you are required to REGISTER your business name with the Town Clerk where your office is located per Title 31, Sections 1 & 2 (see below).
3. If you wish to protect the name of your business, possibly with a special design, you may file a TRADEMARK or SERVICE MARK with the Secretary of State. You may not reserve a mark for use in the future.
4. You may preserve your business name to some degree by “incorporating.” Once incorporated, your corporate name may not be used by another corporation. If you are already incorporated, you may operate your business under an ASSUMED NAME. Forms for incorporating and for filing and assumed name are available from the Secretary of State.

**TITLE 31**

§1. Filing of certificate; certificate of withdrawal

Whenever 2 or more persons become associated as partners or otherwise for the purpose of engaging in any mercantile enterprise, they shall, before commencing business, deposit in the office of the clerk of the city or town in which the same is to be carried on a certificate signed and sworn to by them, setting forth their names and places of residence, the nature of the business in which they intend to engage and giving the name under which they are to transact business.

§2. Business under assumed name; filing of certificate

Whenever any person intends to engage in such business as sole proprietor thereof, and to adopt any business name, style or designation other than his own name exclusively, he shall, before commencing business, deposit in the office of the clerk of the city or town in which the same is to be carried on a certificate signed and sworn to by them, setting forth their names and places of residence, the name, style or designation under which the business is to be conducted, and stating that he is the sole proprietor.

*For more information please visit* ***www.maine.gov*** *or write to Bureau of Corporations, State House Station 101, Augusta, ME 04333-0101*