



BUSINESS NAME REGISTRATION "Notice of Intent to Start a Business"

STATE OF MAINE: Title 31, Chapter 1: MERCANTILE PARTNERSHIPS AND ASSUMED BUSINESS NAMES; 31 §1. Filing of certificate; certificate of withdrawal; 31 §2. Business under assumed name; filing of certificate

This form must be completed by any person(s) operating a business within Blue Hill's boundaries. The fee to file this document is \$10 per filing and must be filed prior to any business being transacted. Should the business cease operations, close or relocate to another municipality, YOU MUST CONTACT OUR OFFICE. This form is a public document and shall be available upon request.

Business Name: _____ Telephone: _____

Contact Person for Business: _____ Telephone: _____

Street Location: _____ Mailing Address: _____

Map and Lot: _____ Website Address: _____

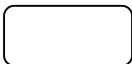
Type of Business: _____ sale of goods/merchandise _____ labor/services _____ online/website
_____ mobile/transient/in-home sales _____ consulting/freelance work _____ medical/personal care
_____ OTHER, explain: _____

Is your business registered with the State: YES or NO. When is your opening date? _____

Dated on this day _____ of _____, 20____. _____

Signature

\$10 Municipal Fee Date Paid: ____/____/20____ Clerk: _____



CERTIFICATE OF SOLE PROPRIETOR ADOPTING NAME OTHER THAN HIS/HER OWN ALSO OTHERWISE KNOWN AS A DBA (Title 31A, MRS A §2)

The above signed hereby certifies that he/she is a resident of: _____, and declares their intent to operate the above-mentioned business, as a SOLE PROPRIETOR in the Town of Blue Hill.

Contact Phone: _____ Email: _____



CERTIFICATE OF PARTNERSHIP (P) ADOPTING NAME OTHER THAN THEIR OWN ALSO OTHERWISE KNOWN AS A DBA (Title 31, MRSA §1)

The above signed hereby certifies that their Partnership consists of the following individuals.

Name _____ : Resident of: _____ Cell: _____

Name _____ : Resident of: _____ Cell: _____

Name _____ : Resident of: _____ Cell: _____

Please add any additional Partners on a separate page

The persons listed above hereby certifies and declares their intent to operate the above-mentioned business, as PARTNERS/ASSOCIATES in the Town of Blue Hill.

Contact Phone: _____ Email: _____



CERTIFICATE OF LIMITED PARTNERSHIP (LP) ADOPTING NAME OTHER THAN THEIR OWN ALSO OTHERWISE KNOWN AS A DBA (Title 31, MRSA §1)

The above signed hereby certifies that their Limited Partnership General Partners consists of the following individuals.

Name _____ : Resident of: _____

Name _____ : Resident of: _____

The person(s) listed above hereby certifies and declares their intent to operate the above-mentioned business, as LIMITED PARTNERS/ASSOCIATES in the Town of Blue Hill

Contact Phone: _____ Email: _____

Additional notes regarding business for the public record:

ATTESTATION OF RECORDING I attest this business has registered their business name, having stated their intent to operate business within the Town of Blue Hill, Maine. Per this signature, this document shall be recorded and kept in the Town Record for public inspection, per Maine state statute. Date: _____
_____ Municipal Clerk Signature

WITHDRAWAL / CLOSING RECORD Informant: _____ Method: Phone / Email / Mail / In-Person

As a result of this withdrawal, the Informant affirms that the business was: Dissolved Sold/Transferred Relocated

Other: _____ Contact Phone: _____ Date: _____ Clerk: _____