



**CERTIFICATE OF WITHDRAWAL OF SOLE PROPRIETOR
STATE OF MAINE**

For Office Use Only
Amount Received: _____
Date Received: _____
Received by: _____

BUSINESS NAME

The undersigned hereby certifies that he/she was engaged in the _____
business under the name of _____ and that on
this date _____ he/she has withdrawn from such enterprise.

Owner Name		
Current Residence		
Phone Number		
_____ Signature of Applicant (sign before Notary Public or Attorney)		_____ Date

INFORMATION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC OR ATTORNEY

STATE OF MAINE Date _____
Cumberland County

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

Before me, _____
Attorney or Notary Public (Commission Expires _____)

This certificate shall be deposited in the office of the clerk of the municipality in which the business is to be carried on. A copy of this form will be provided to the Code Enforcement Officer.