

## **Declaration of Trade Name**

Partnership Act Section 110

This information is collected in accordance with the *Partnership Act*. A declaration must be submitted for a sole proprietorship to declare its use of a name for trading or other business purposes. Collection is authorized under s. 33(a) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Service Alberta Contact Centre staff: cr@gov.ab.ca or 780-427-7013 (toll-free 310-0000 within Alberta).

Trade Name					
Tyne of Rusingss				· · · · · · · · · · · · · · · · · · ·	
Type of Business		<u> </u>			
				<u>-</u>	
Business Location within Alber	ta	·			
Enter the date the business beg	an				
Date (yyyy-mm-dd)					
Trade Name Declarant (individua	l l or legal entity)				
Last Name/Corporation Name	First Name		Middle Name (o	Middle Name (optional)	
Street/Mailing Address		City/Town	Province	Postal Code	
Email address (optional)			Occupation	Occupation	
Statement					
			confirms they	carry on husiness	
	Name of Declarant			ourly on business	
under the trade name					
as a sole proprietorship and are not as on under this trade name.	sociated in partners			he business carried	
Authorized Representative/Autho	orized Signing Au	thority for the Bu	siness		
Last Name, First Name, Middle Name			Relationship to Business		
Telephone Number			Email Address (optional)		
Date of submission (yyyy-mm-dd)		<del></del>	Signature		
	Enter the date the business beg  Date (yyyy-mm-dd)  Trade Name Declarant (individual Last Name/Corporation Name  Street/Mailing Address  Email address (optional)  Statement  under the trade name  as a sole proprietorship and are not as on under this trade name.  Authorized Representative/Authorized Repr	Business Location within Alberta  Enter the date the business began  Date (yyyy-mm-dd)  Trade Name Declarant (individual or legal entity)  Last Name/Corporation Name First Name  Street/Mailing Address  Email address (optional)  Statement  Name of Declarant  under the trade name  as a sole proprietorship and are not associated in partnershon under this trade name.  Authorized Representative/Authorized Signing Au  Last Name, First Name, Middle Name  Telephone Number	Business Location within Alberta  Enter the date the business began  Date (yyyy-mm-dd)  Trade Name Declarant (individual or legal entity)  Last Name/Corporation Name  Street/Mailing Address  City/Town  Email address (optional)  Statement  Name of Declarant  under the trade name  Trade Name  Authorized Representative/Authorized Signing Authority for the Business Name, First Name, Middle Name  Telephone Number	Business Location within Alberta	