

TOWN OF SCARBOROUGH

STATE OF MAINE

**CERTIFICATE OF WITHDRAWAL
SOLE PROPRIETORSHIP**

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this date _____ he/she has withdrawn from such enterprise.

Name

Address

Signature

Personally appeared before me that the above signed _____
made oath to the truth of the above certification on this _____ day of _____, 20__.

Notary Public

(NOTE: This certificate shall be deposited in the office of the clerk of the city or town.)