



**State of Connecticut  
Trade Name Cancellation**

**Filing Fee: \$20**

Payable to town clerk, per C.G.S. § 7-34

**The following trade name is canceled:** This trade name cancellation should be filed in the town where the trade name was originally filed. By filing this cancellation, you are affirming: (1) that you are authorized to do so; and (2) that business is no longer transacted in this state under this name.

**Trade Name:** \_\_\_\_\_

**Original Filing Date:** \_\_\_\_\_

**Original Trade Name ID Number:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
(Printed Full Legal Name of Person Authorizing Cancellation)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Person Authorizing Cancellation)

**To be completed by Notary Public or Town Clerk:**

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Town Clerk, Notary Public, Justice of the Peace, or Commissioner of the Superior Court)

**I certify the foregoing is a true copy of the original filed in:** \_\_\_\_\_  
(Town/City)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Town Clerk)

<p><b>Town Clerk Only</b></p> <p>Filing Date: _____</p> <p>Expiration Date: _____</p> <p>Filing Number (optional): _____</p> <p>Volume and Page (optional): _____</p>
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