



**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)

Town Clerk Only

Filing Date: _____

Expiration Date: _____

Filing Number (optional): _____

Volume and Page (optional): _____