# 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)

**Street Address:** _____

**Town/City, State, ZIP Code:** _____

**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): _____

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