State of Connecticut
Trade Name Application
(Natural Persons)

Filing Fee: $20
Payable to town clerk, per C.G.S. § 7-34

File with the Town Clerk in the town where the business is principally transacted.

Filing Type - The information contained herein (choose one): ☐ **Original** ☐ **Amendment**

Please Note: A trade name certificate is required when an individual is conducting business under a name (used to identify the business) that is different than their real name. A trade name certificate does not protect that business name from use by someone else.

Trade Name: _____

Business Purpose: _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Natural Persons Associated with this Trade Name (person 1):

Full Name: _____ **Signature:** _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Natural Persons Associated with this Trade Name (person 2):

Full Name: _____ **Signature:** _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Please Note: If 3 or more persons are applying, please use the Trade Name Application Addendum.

Acknowledgment for Natural Person(s):

State of Connecticut, County of _____ ss. _____
(Town/City)

On this _____ day of _____ , 20 _____ , before me _____
(Name of Town Clerk/Notary)

the undersigned officer, personally appeared the natural person(s) contained herein, known to me/or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged that they executed the same for the purposes therein contained.

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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State of Connecticut Trade Name Application (Natural Persons - Addendum)

Use this addendum if 3 or more persons are associated with the trade name. This addendum must be attached to the Trade Name Application (Natural Persons).

Natural Persons Associated with this Trade Name (person 3):

Full Name: _____ **Signature:** _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Natural Persons Associated with this Trade Name (person 4):

Full Name: _____ **Signature:** _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Natural Persons Associated with this Trade Name (person 5):

Full Name: _____ **Signature:** _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Acknowledgment for Natural Person(s):

State of Connecticut, County of _____ ss. _____
(Town/City)

On this _____ day of _____ , 20 _____ , before me _____
(Name of Town Clerk/Notary)

the undersigned officer, personally appeared the natural person(s) contained herein, known to me/or satisfactorily proven to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged that they executed the same for the purposes therein contained.

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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State of Connecticut
Trade Name Application
(Business Organization)

Filing Fee: $20
Payable to town clerk, per C.G.S. § 7-34

Domestic businesses (formed with the CT Secretary of the State), file in the town of your "business address" on file with the Secretary. Foreign businesses (formed elsewhere), use the business's principal location in CT or, if none, the town of your resident agent.

Filing Type - The information contained herein (choose one): ☐ **Original** ☐ **Amendment**

Trade Name: _____

Business Purpose: _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Business Organization Associated with this Trade Name

Business Name: _____

Secretary of the State Business ID/ALEI: _____

Address, Town/City: _____

State, ZIP Code: _____ **Email:** _____ **Phone:** _____

Authorized Officer: _____ **Title:** _____

Signature of Authorized Officer _____

Acknowledgment for Business Organizations

State of Connecticut, County of _____ ss. _____
(Town/City)

On this _____ day of _____ , 20 _____ , before me _____ ,
(Name of Town Clerk/Notary)

_____ , who acknowledged themselves as _____ ,
(Name of Business Organization Officer) (Title of Business Organization Officer)

of _____ , a business organization filed with the Secretary of the State, and that
(Name of Business Organization)

they are authorized to file this trade name application.

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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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): _____

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