



TERMINATION OF TRADE NAME

I/We Certify that I/We conducted and transacted business under the name of:

Business Name

Business Address: _____

Phone Number: _____

I/We certify to having a certificate of Trade Name filed in the office of the Town Clerk of said town of Beacon Falls, which
is still on record in Volume _____ Page _____ Herewith to have the same, cancelled and discharged of
of trade name. certificate

On this _____ day of _____ 20 ____

Signature of Applicant (s) _____
Print *Signature*

Residence Address: _____

Applicant: _____
Print *Signature*

Residence Address: _____

WITNESS: _____
Print *Signature*

I understand and agree that I am responsible to notify the Town of Beacon Falls if any changes occur or if there is a closure of my business by filing an amendment form/termination form: FEE: \$10.00.

STATE OF CONNECTICUT }

ss} _____
County of } _____

On this _____ day of _____ 20 __ , before me, the undersigned notary public, personally

appeared: _____ Applicant and signer of the foregoing instrument
and acknowledges the same to be a free act and deed, before me.

IN WITNESS WHEREOF I HEREUNTO SET MY HAND;

My Commission Expires: _____

*Notary Public, Justice of the Peace,
Commissioner of the Superior Court*

The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk, Beacon Falls, CT.

Attest: _____

Town Clerk