



CERTIFICATE OF TRADE NAME

Initial Amend Cancel

Today's Date: _____

I am/We are conducting and transacting business in said Town of Colchester under the full name of:
(Circle one)

(Business Name)

Address: _____

Mailing Address: _____

Phone: (_____) _____ Type of Business/Industry: _____
(Please choose from a category below)

E-Mail: _____

The full name of every person conducting or transacting said business, together with the address of each person, is as follows: **(Please Print Clearly)**

Name _____ Address _____

Name _____ Address _____

Signature of above named person(s): Please sign in front of Town Clerk, Notary Public, Justice of the Peace, or Commissioner of Superior Court

State of Connecticut}

County of New London} ss. Colchester _____ / _____ / _____

Personally appeared _____
(Name(s) of above person(s) signing)

who subscribed and swore to the truth of the forgoing certificate and acknowledged that he/she/they executed the
(Circle one)

same on behalf of said business before me.

Signature _____ Printed Name _____
Town Clerk, Notary Public, Justice of the Peace,
Commissioner of Superior Court

AU - Auto Industry

CC - Child Care

FDA – Food (non-restaurant)

M - Manufacturing

MD - Medical

MISC - Miscellaneous

R - Restaurant

SVC - Service Industries

T - Trades