

TRADE NAMES CERTIFICATE

CERTIFICATE OF TRADE NAME

COPY(S) TO: _ BUILDING DEPT
_ TOWN ASSESSOR

STATE OF CONNECTICUT, COUNTY OF TOLLAND
TO THE TOWN CLERK OF COLUMBIA

LET IT BE KNOWN THAT THE STATED BUSINESS IS CONDUCTING AND TRANSACTING IN THE TOWN OF COLUMBIA UNDER
THE NAME OF:

ADDRESS IS _____
P.O. BOX _____

Effective Start Date: _____
DESCRIPTION OF BUSINESS: _____

PHONE NUMBER _____ E-MAIL _____
WEB _____

ENTER FULL NAMES OF ALL PERSONS CONDUCTING SAID BUSINESS

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

WITNESS _____

WITNESS _____ SIGNATURE _____

ON THIS ____ DAY OF _____, 20____, BEFORE ME, PERSONALLY
APPEARED _____, KNOWN TO ME (OR SATISFACTORILY PROVEN), ACKNOWLEDGED
THAT HE / SHE / THEY EXECUTED THE SAME, BEFORE ME.

NOTARY PUBLIC / TOWN CLERK

RECEIVED AND FILED _____
INDEXED # _____ - _____
YEAR - NUMBER
IN THE COLUMBIA TOWN CLERKS OFFICE

Note: As required by Title 35, Chapter 620 § 35-1 of the CGS, a Trade Name Certificate is for the purpose of identifying those doing business in the State under a fictitious Trade Name, i.e., for consumer protection purposes. A Trade Name Certificate does not protect that name from use by someone else. The penalty for failure to file a Trade name certificate is \$500.00 or imprisoned not more than one year.

Cancel

Cancel

Cancel

TRADE NAMES CANCELLATION

CERTIFICATE OF TRADE NAME

COPY(S) TO: _ BUILDING DEPT
_ TOWN ASSESSOR

STATE OF CONNECTICUT, COUNTY OF TOLLAND
TO THE TOWN CLERK OF COLUMBIA

LET IT BE KNOWN THAT THE STATED **BUSINESS IS NO LONGER** CONDUCTING AND TRANSACTING IN THE
TOWN OF COLUMBIA UNDER THE NAME OF:

ADDRESS IS _____
P.O. BOX _____

Effective Cancellation Date: _____
DESCRIPTION OF BUSINESS: _____

PHONE NUMBER _____ E-MAIL _____
WEB _____

**I/We desire to terminate our Trade name certification under the name as of the date of
filing of this certificate.**

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

WITNESS _____

WITNESS _____ SIGNATURE _____

ON THIS ____ DAY OF _____, 20____, BEFORE ME, PERSONALLY
APPEARED _____, KNOWN TO ME (OR SATISFACTORILY PROVEN), ACKNOWLEDGED
THAT **HE / SHE / THEY** EXECUTED THE SAME, BEFORE ME.

ORIGINAL TRADE NAME _____ NOTARY PUBLIC / TOWN CLERK
RECEIVED AND FILED _____
INDEXED # _____ - _____
YEAR - NUMBER
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