

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):			:Origi	inal	Amendment
Trade Name:					
<b>Business Purpose:</b>					
Address, Town/City	/:				
State, ZIP Code:		Email:		Phone:	
		ciated with this Tr			
Business Name:					
Secretary of the Sta	ate Business ID	)/ALEI:			
Address, Town/City	/:				
State, ZIP Code:		Email:		Phone:	
<b>Authorized Officer:</b>			Title:		
Authorized Officer's	Address:				
Authorized Officer's	s Town/City, S	tate, ZIP Code:			
Signature of Author	ized Officer				
Acknowledgmen	t for Rusines	ss Organizations			
State of Connecticut,	County of	ss Organizations	SS		
On this	lay of	20	hefore me	(Town/Cit	y)
		, 20			
(Name of Business Orga		who acknowledged the	mselves as	itle of Business Oraz	anization Officer)
of	mization officer)	_, a business organizat	ion filed with the	Secretary of the	State, and tha
they are authorized to	nie this trade na	ame application.			
Signature:				Date:	
(Town Clerk, Notary Public	, Justice of the Peac	e, or Commissioner of the S	uperior Court)		
I certify the forego	ing is a true co	py of the original file	ed in:		
				(Town/City)	
Signature:				Date:	
(Town Clerk)					
Town Clerk Only					
Filing Date:		Filing Number (o	otional):		
Expiration Date:		Volume and Page	(optional):		