



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: \_\_\_\_\_

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: \_\_\_\_\_

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)

<b>Town Clerk Only</b>
Filing Date: _____
Expiration Date: _____
Filing Number (optional): _____
Volume and Page (optional): _____

R20251

ZONING APPROVAL  
Commercial zone  
Residential zone  
No outside employees

Date \_\_\_\_\_, 2024 Initials \_\_\_\_\_

# REVERSE SIDE

CT Drivers License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_