



**State of Connecticut
Trade Name Application
(Business Organization)**

Filing Date: _____

Filing Type - The information contained herein (choose one):

Original: Is submitted for the first time

Amendment: Amends a previously filed trade name

Trade Name: _____

Street Address: _____

Town/City, State, ZIP: _____

Email Address: _____ Phone: _____

Business Organization Associated with this Trade Name:

Business Name: _____

Secretary of the State Business ID/ALEI: _____

Business Address: _____

Town/City, State, ZIP: _____

Email Address: _____

Acknowledgment for Business Organizations:

State of Connecticut

County of _____ ss. _____

On this the _____ day of _____, 20____, before me
_____, (name of notary), the undersigned officer, personally
appeared _____ (name of business organization officer),
who acknowledged himself/herself to be the _____ (title
of business organization officer), of _____ (name
of business organization) an active business organization on file with the Connecticut Secretary
of the State, and that he/she is authorized to file this trade name application for the business
organization and executed the foregoing instrument for the purposes therein contained.

Authorized Officer

Notary Public / Town Clerk

Commission Expiration Date